



# Health and Safety Policy (Appendix 'J') First Aid Policy

DOCUMENT INFORMATION	
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<b>Ratifying committee/group:</b>	Health, Safety and Risk Group
<b>Date of ratification:</b>	March 2017
<b>Date of Issue:</b>	March 2017
<b>Review due by:</b>	March 2020
<b>Version:</b>	<b>V5</b>



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## 1. Introduction

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations such as the First Aid at Work Regulations 1981 (Amended 2013); and in particular the duty to provide a safe workplace for staff to provide healthcare. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees and this includes having arrangements in place to provide first aid to injured staff, work experience students and any contractors, visitors and members of the public (other than designated patients) who either visit Trust premises and require first aid or who are affected by the activities of the Trust and require first aid. Designated patients will be provided with health care treatment as a matter of course.
- 1.2 In accordance with the Management of Health, Safety and Welfare Regulations 1992 (Amended 1999) the Trust will also carry out suitable and sufficient risk assessments on the provision of first aid within the Trust.

## 2. Scope

- 2.1 This policy applies to all who work for or carry out work on behalf of the Trust, including volunteers, work experience students and contractors. Moreover, the provision of first aid is not limited to providing it these personnel, it can also be provided to any contractors, visitors and members of the public (other than designated patients) who either visit Trust premises and require first aid or who are affected by the activities of the Trust and require first aid. Designated patients will be provided with health care treatment as a matter of course.

## 3. Equality Statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.



- 3.4 Employees exercising their rights and entitlements under these regulations will suffer no detriment as a result.

#### **4. Aim**

- 4.1 The aim of the policy is to set out the arrangements for the identification, assessment, provision and management of first aid within the Trust.
- 4.2 The objectives are to ensure that the Trust has clear and detailed arrangements for:
- the identification of the requirements for the provision of first aid within the Trust.
  - the carrying out of suitable and sufficient risk assessments for the identification and provision of first aid.

### **5. Roles and Responsibilities**

#### **5.1 Trust Board**

- 5.1.1 The Trust Board will ensure that there are suitable and sufficient arrangements and adequate resources for the identification, assessment and management of the provision of first aid within the Trust.

#### **5.2 Chief Executive**

- 5.2.1 The Chief Executive has overall responsibility for:
- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for the identification, assessment and management of the provision of first aid within the Trust.
  - ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements for providing, so far as is reasonably practicable, first aid.
  - ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

#### **5.3 Executive Directors**

- 5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

#### **5.4 Director of Quality and Patient Care**

- 5.4 The Director of Quality and Patient Care is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Quality and Patient Care is responsible for:



- ensuring that workplace health, safety and welfare procedures are constantly reviewed, including those for the management of the provision of first aid
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
- ensuring that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law.

## **5.5 Managers and Supervisors**

5.5.1 All Managers and Supervisors are responsible for:

- attending any training to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- ensuring that all staff within their area or responsibility comply with this First aid policy and any associated protocols and procedures
- encouraging all staff within their area of responsibility to report all incidents which involve the provision of first aid to anyone other than a patient, and/or defects in the Trust's arrangements for the provision of first aid, using the Trust's Incident reporting system, Datix
- carrying out or assisting with the carrying out of any risk assessments on the provision and management of first aid
- ensuring that the significant findings of these assessments are communicated to staff within their area of responsibility.
- ensuring that any measures identified by the risk assessment which they have control over are put into place
- ensuring, so far as is reasonably practicable, that all identified controls and further controls identified by the assessment and any subsequent reviews are put into place and communicated to staff
- ensuring that adequate facilities for first aid are provided within their areas of responsibility; and ensuring that any first aid kits within their premises are fully stocked
- ensuring that local procedures and protocols are developed as required to provide first aid within their areas of responsibility
- communicating these local procedures and protocols to all staff within their areas of responsibility
- where necessary, referring any staff to Occupational Health for assessment.

## **5.6 All staff**

5.6.1 All staff have the following responsibilities:

- to make themselves fully aware of the policy and to abide by it
- to follow the Trust's and their site's specific procedures and protocols regarding the provision of first aid



- to comply with any information, instruction and training provided for them to enable them to carry out their work safely and avoid any incidents where they require first aid
- to take reasonable care for their own health, safety and that of others who may be affected by their acts or omissions
- to co-operate with the Trust in relation to the completion of any risk assessment on the provision of first aid
- to report any incidents where they have required first aid at work using the Trust's Incident reporting system, Datix
- to report defects in the Trust's arrangements for the provision of first aid at work using the Trust's Incident reporting system, Datix
- to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures
- to attend the Occupational Health department, if referred by their manager.

## **5.7 Head of Risk and Security and the Non-clinical Risk Manager**

- 5.7 The Head of Risk and Security and/or the Non-clinical Risk Manager will either carry out risk assessments or assist managers with the carrying out of risk assessments on the provision of first aid. This includes assisting the Manager of the South Central Fleet Services.

## **6. Definitions**

- 6.1 'First aid' is defined as:

"The provision of treatment for the preservation of life and minimising the consequences of injury and illness until medical help is obtained, and the treatment of minor injuries which would otherwise receive no treatment or which does not require professional medical treatment."

## **7. Arrangements for carrying out suitable and sufficient first aid risk assessments**

- 7.1 The Head of Risk and Security and/or the Non-clinical Risk manager will either carry out, or assist Managers with the carrying out of suitable and sufficient risk assessments to identify the requirements of first aid in each Trust premises.
- 7.2 When carrying out these suitable and sufficient first aid risk assessments, the following will be considered:
- The nature of the work and the workplace hazards and risk
  - The nature of the workforce and the distribution of the workforce
  - The size of the organisation
  - The organisation's history of accidents/incidents
  - The needs of travelling, remote and lone workers
  - Work patterns
  - The remoteness of the site from emergency medical services
  - Employees working on shared or multi-occupied sites
  - Annual leave and other absences of first aiders and appointed persons
  - First aid provision for non-employees.



## **8. Arrangements for the provision of first aid**

### **8.1 Provision of first aid kits/containers**

8.1.1 A designated first aid kit/container will be provided at each of the Trust's premises and at each of the South Central Fleet Services premises. Managers and Safety Representatives will be responsible for undertaking regular checks to ensure that first aid boxes on stations and departments are fully stocked and for replenishing items as required.

8.1.2 A first aid kit/container will be held on each of the Patient Transport Service vehicles. However, Trust Ambulances, Rapid response vehicles and the vehicles of Community First Responder will not be issued with a designated a first aid kit because the said vehicles all carry sufficient first aid materials over and above what would be in a first aid kit.

### **8.2 Content of first aid kits/containers**

8.2.1 There is no mandatory list of items to be included in a first aid kit/container or a first aid for employees who travel as part of their employment. However, what should be included should be identified and influenced by the first aid needs risk assessment.

8.2.2 A first aid kit/container may contain the following (suggested contents):

- A leaflet containing general guidance on first aid (for example, HSE's Basic advice on first aid at work)
- Individually wrapped sterile plasters (assorted sizes – hypoallergenic plasters can be provided if necessary), appropriate to the type of work
- Sterile eye pads
- Individually wrapped triangular bandages, preferably sterile
- Large sterile individually wrapped un-medicated wound dressings
- Medium-sized sterile individually wrapped un-medicated wound dressings
- Disposable gloves
- Safety pins

8.2.3 A first aid kit/container for employees who are travelling as part of their employment may contain (suggested contents):

- A leaflet giving general advice on first aid (for example, the HSE's leaflet Basic advice on first aid at work)
- Individually wrapped sterile plasters (if necessary, hypoallergenic plasters can be provided)
- Individual wrapped triangular bandages, preferably sterile
- Large sterile un-medicated dressing
- Individually wrapped ,moist cleansing wipes
- Disposable gloves
- Safety pins.

### **8.3 Provision of first aiders or appointed persons**

8.3.1 The Trust will carry out a risk assessment on each of its premises to identify whether or not it has suitable first aid provision, including whether or not a designated first aider or an appointed person is required. However, due to the nature of the Trust's business, most Trust premises will have access to a qualified ambulance person or a trained first aider. Where this is not the case, a member of staff within the premises





or department will be provided with training to become either a first aider or an appointed person depending on the findings of the risk assessment.

- 8.3.2 The Trust is an approved provider of First Aid at Work training. This training will be made available to any member of staff who wishes to undertake this training subject to the approval of their manager and the first aid requirements in their area.
- 8.3.3 In the event of an injury or illness occurring within any department where a first aider or an appointed person is not present, a message should be put out requesting “first aid assistance”. The nearest first aider or qualified ambulance staff will respond to the incident. All responses by qualified ambulance staff should be logged as a ‘running call’ and the appropriate paperwork completed. In addition to this the matter should be reported on the Trust’s Incident reporting system, Datix.

#### **8.4 First Aiders in Northern House and Southern House**

- 8.4.1 In Northern House and Southern House there will be a number of trained first aiders. These will be in addition to those staff in the Clinical Coordination Centre (CCC) who are trained to provide first aid. The name and location of these first aiders will be displayed on notices in each respective building.

#### **8.5 Provision of first aid**

- 8.5.1 The First Aid at Work Regulations places a duty on the Trust to make first aid provision for its employees, however, the Trust will make treatment available to anyone, in addition to Trust staff, who becomes ill or injured such as work experience students, visitors, contractors and members of the public etc., who are either on a Trust premises or within the vicinity of a Trust premises or vehicle and/or who request assistance from Trust personnel, and/or who are adversely affected by the activities of Trust personnel and require first aid treatment. Designated patients will be provided with health care treatment as a matter of course.

#### **8.6 Recording First aid incidents**

- 8.6 Whenever any of the designated first aiders provide first aid on one of the Trust premises or whilst carrying out first aid to anyone other than a patient they should record this by using the Trust’s Incident reporting system, Datix. Similarly, if any ambulance staff provide first aid to anyone other than a designated patient this too should be reported on Datix.

#### **8.7 Health Professions who are exempt from holding a first aid qualification**

- 8.7.1 Provided that they can demonstrate current knowledge and skills in first aid, the training and experience of the following qualify them to administer first aid in the workplace without the need to hold a First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) or equivalent qualification:
- Doctors registered with the General Medical Council
  - Nurses registered with the Nursing Midwifery Council
  - Paramedics registered with the Health Care Professionals Council
  - In addition to these and because of their training, Emergency Care Assistants (ECAs), Technicians and AAPs can also provide first aid where required.





8.7.2 However, if an employee has a current first aid qualification other than FAW/EFAW, it may be considered suitable in relation to the role of workplace first aider.

## 9. Training

9.1 Non-clinical staff who become designated first aiders will be provided with first aid at work training.

9.2 On completion of training of first aid at work training, successful candidates will have successfully demonstrated competence in:

- Understanding the role of the first aider; and the importance of preventing cross infection; and the need for recording of incidents and the action taken; the use of available equipment
- Assessing the situation and circumstances in order to be able to act safely, promptly and effectively in an emergency
- Administer cardiopulmonary resuscitation;
- Administer first aid to a casualty who is choking, or wounded and bleeding, or who is suffering from shock
- Provide appropriate first aid for minor injuries (including small cuts, grazes and bruises, burns and scalds, small splinters)
- Recognise the presence of major illness (including heart attack, stroke, epilepsy, asthma, diabetes) and provide appropriate first aid.
- Administer first aid to a casualty with:
  - Injuries to bones, muscles and joints, including suspected spinal injuries
  - Chest injuries
  - Eye injuries
  - Sudden poisoning
  - Anaphylactic shock.

9.3 The initial First Aid at Work (FAW) training course is three days in duration and the refresher course is two days in duration. If the refresher training is completed after the initial training has expired (for longer than a month) then it is recommended that the refresher training should be three days in duration. This also applies to the Emergency First Aid at Work (EFAW) course.

9.4 Although not mandatory, the Health and Safety Executive (HSE) strongly recommend that first aiders undertake annual refresher training during any three year FAW/EFAW certification period. This is to help first aiders maintain their basic skills and keep abreast of any changes to first aid procedures.

9.5 All first aid training is valid for three years from the date of completion. The Trust will make arrangements to provide first aid training before the certificates expire.

## 10. Equality and Diversity

10.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 3.

## 11. Monitoring

11.1 The effectiveness of this policy will be monitored in the following way.



Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
<p>a) The number of risk assessments to identify if first aid and a first aider is required completed and/or reviewed as per legislation and policy in a financial year.</p> <p>b) Actions taken as a result of the risk assessments.</p>	<p>a) Report from the Risk Team on the number of first aid risk assessments completed and/or reviewed in a financial year.</p> <p>b) Audit on 10% of the first aid risk assessments completed and/or reviewed in a financial year.</p> <p>c) An annual report to the Health, Safety and Risk Group meeting on the audit on the provision of first aid.</p>	<p>a) Risk Team.</p> <p>b) Risk Team.</p> <p>c) Risk Team.</p>	Health, Safety and Risk Group.	Annually, as a minimum.

## 12. Consultation and Review

12.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.

13.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
All Managers and Staff	23/12/2016 to 13/1/2017	Y
Health, Safety and Risk Group	23/12/2016 to 13/1/2017	Y



### **13. Implementation (including raising awareness)**

13.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

### **14. Reference**

- Health and Safety at Work Etc. Act 1974
- Management of Health and Safety at Work Regulations 1992 (Amended 1999)
- First Aid at Work Regulations

### **15. Associated documentation**

- Health and safety policy and procedures
- Lone working policy
- Adverse incident reporting policy
- Reporting of Injuries, diseases and dangerous occurrences regulations (RIDDOR) policy
- Risk management strategy



## 16. Appendix 1: Review Table

Version	Reason for change	Overview of change
V5	Review of policy.	Adoption of new policy template. Policy completely rewritten and changes to all sections.



### 17. Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Quality and Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Quality and Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Quality and Patient Care	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operations Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associated Director of Information Management and Technology (IM&T).	Information Management and Technology Control Board.	Audit Committee	Committee decision



Emergency Operational Centre Policies and Procedures	Chief Operations Officer	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision



### 18. Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: First Aid Policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 01926 898068.

1. What is the main purpose of the strategy, function or policy?
The aim of the policy is to set out the arrangements for the identification, assessment, provision and management of first aid within the Trust.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
The objectives are to ensure that the Trust has clear and detailed arrangements for: <ul style="list-style-type: none"><li>• the identification of the requirements for the provision of first aid within the Trust.</li><li>• the carrying out of suitable and sufficient risk assessments for the identification and provision of first aid.</li></ul>
3. Who will be the main beneficiaries of the strategy/function/policy?
All staff and others who carry out work for the Trust such as volunteers, community first responders, work experience students and contractors.
1. Use the table overleaf to indicate the following:- <ul style="list-style-type: none"><li>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?</li><li>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?</li></ul>





		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
<b>GENDER</b>	Women	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Men	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
<b>RACE</b>	Asian or Asian British People	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Black or Black British People	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Chinese people and other people	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	People of Mixed Race	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	White people (including Irish people)	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	<b>Disabled People</b>	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	<b>Lesbians, gay men and bisexuals</b>	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	<b>Trans people</b>	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
<b>AGE</b>	Older People (60+)	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.



	Younger People (17 to 25) and children	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	<b>Faith Groups</b>	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	<b>Equal Opportunities and/or improved relations</b>	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.



Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	<b>Yes</b>	<b>No</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Intended</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Level of Impact</b>	<b>High</b>	<b>Low</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		



Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.
Signed:.....
Name:.....
Date:.....



**19. Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment**

Name of Function, Policy or Strategy: First Aid Policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 01926 898068.

**Part A**

Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

2. Summarise the likely negative impacts:-

.....  
.....  
.....  
.....  
.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
------------------------	--



Gender	
Race	
Disability	
Sexuality/Transexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	



Disability	
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No

**6**

**Part B**

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?





(You may want to add this information directly on to the action plan at the end of this assessment form)

.....  
.....  
.....  
.....  
.....

8. Will the changes planned ensure that negative impact is:

Legal?   
(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes  No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....  
.....  
.....  
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....



## 20. Appendix 5: Ratification Checklist

### Section 1: To be completed by Author prior to submission for ratification

<b>Policy Title</b>	First Aid Policy
<b>Author's Name and Job Title</b>	John Dunn, Head of Risk and Security
<b>Review Deadline</b>	
<b>Consultation From – To (dates)</b>	23/12/16 to 13/1/2017
<b>Comments Received? (Y/N)</b>	Y
<b>All Comments Incorporated? (Y/N)</b>	Y
<b>If No, please list comments not included along with reasons</b>	
<b>Equality Impact Assessment completed (date)</b>	19/12/2016
<b>Name of Accountable Group</b>	Health, Safety and Risk Group
<b>Date of Submission for Ratification</b>	

### Section 2: To be completed by Accountable Group

<b>Template Policy Used (Y/N)</b>	Y
<b>All Sections Completed (Y/N)</b>	Y
<b>Monitoring Section Completed (Y/N)</b>	Y
<b>Date of Ratification</b>	15 <sup>th</sup> March 2017.
<b>Date Policy is Active</b>	15 <sup>th</sup> March 2017.
<b>Date Next Review Due</b>	March 2020.
<b>Signature of Accountable Group Chair (or Deputy)</b>	
<b>Name of Accountable Group Chair (or Deputy)</b>	Philip Astle, Chief Operations Officer.