

## Dudley Group NHS Foundation Trust: Equality Impact Assessment

### Step 2 - Screening Tool

Please complete the following when screening your policy or service for potential impact on equality groups.

<b>1. Name of lead</b>	Bobby Pujeh
Contact number & email	Ex 3296 <a href="mailto:EI.Pujeh@dgh.nhs.uk">EI.Pujeh@dgh.nhs.uk</a>
Directorate or Department and Team	Nursing Directorate
<b>2. Name of service or policy</b> 2.1 Version	Medical Devices Training Policy v4
Is this a new or existing piece of work?	Existing
<b>3. Target audience</b> e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	All staff who use Medical Devices or manage staff who use Medical Devices within The Dudley Group NHS Foundation Trust
<b>4. What are the aims of the service/policy?</b> i.e. what does the policy or service hope to achieve?	To reduce the risks associated with the use of medical devices by ensuring that all staff employed by The Dudley Group NHS Foundation Trust who are required to use any Medical Device or Equipment are : <ul style="list-style-type: none"> <li>• Competent in its use</li> <li>• Aware of the associated risks</li> <li>• Aware of their responsibility in developing and maintaining their knowledge and skills by accessing support and training.</li> </ul>
<b>5. Does any part of this service or policy have the potential to have an adverse impact based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation?</b> <i>If No, please provide brief reasons.</i>	No, full consideration has been given to all aspects of equality and diversity
<b>6. Are there any factors that could lead to different outcomes or satisfaction levels based on people's age, disability, ethnic origin, gender, religion/belief or</b>	No, outcomes and satisfaction levels are the same.

<b>sexual orientation?</b> <b>If No, please provide brief reasons.</b>	
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If you have answered yes to any of questions 5 or 6, you must now complete a full Equality Impact Assessment using the proforma provided by the Trust.

If you have answered No to all of the above questions, a full assessment is not required. Please complete the following sign-off section and send a copy of this screening to your Head of Service, Matron or Head of Department as appropriate **and** to Liz Abbiss, Head of Communications at Trust HQ.

**Name of person completing this screening:**

**Job Title: Clinical Education Lead**

**Date sent to Head of Service, Matron or Head of department: 23/10/12**

**Date sent to Head of Communications, Trust HQ: 11.1.13**

For advice relating to completion of this screening, please contact Human Resources on 456111, ext 3807