



## EQUALITY SCREENING TEMPLATE

See [Guidance Notes](#) (POL:PP:032) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

### (1) INFORMATION ABOUT THE POLICY OR DECISION

**1.1 Title of policy (incl. doc. reference number) or decision :**

**MP:008: NIBTS RESUSCITATION POLICY**

**1.2 Description of policy or decision**

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example, financial, legislative or other)**

This policy provides an overview of issues which must be considered in the setting of resuscitation involving donors, staff or members of the public. It considers areas of equipment, staffing and training in dealing with such incidents.

Sudden cardiac arrest is the third leading cause of death in Europe, affecting over 250.000 individuals a year. Survival is often possible if immediate treatment is available. Survival is most likely to occur when:

- The collapse is witnessed
- Cardiopulmonary resuscitation (CPR) is commenced immediately
- The arrhythmia is ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT)
- Defibrillation is carried out at an early stage

Automated External Defibrillators (AEDs) are sophisticated, reliable and safe devices used to deliver a shock to victims of cardiac arrest. An AED is available at all sessions via the Belfast or Omagh Team. There is also one available on the Blood Mobile, and at Headquarters.

There are no financial resources required for the application of this policy. However, in case of an incident, there is a potential for the whole session to be temporarily closed.



### 1.3 Main stakeholders affected (internal and external)

**For example, staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others**

Internal (NIBTS) staff: Donor session staff may be involved in resuscitation incidents. At all times, when a session is in progress, a minimum of one member of staff who has been trained in the use of AED and one member of staff who has been trained in basic life support should be present in the donation area.

In the event of any individual on the premises suffering a cardiac arrest. The donation session manager should decide at the earliest opportunity if the session should be temporarily closed.

External: If a member of the public enters the session and requests help with an incident which has occurred outside the session, staff should attend the casualty. Staff remaining at the session should complete donations already started but should not start any new donations unless enough staff adequately trained in resuscitation remain at the session.

- Staff experiencing cardiac arrest
- Donors experiencing cardiac arrest and other donors attending the session
- External people experiencing cardiac arrest

### 1.4 Other policies or decisions with a bearing on this policy or decision

- what are they?
- who owns them?

There are no policies linked to this document.

## (2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

### 2.1 Data gathering

**What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.**



## Donor Data 2023/24, Census Data 2021

**2.2 Quantitative Data**

**Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.**

<b>Category</b>	<b><i>What is the makeup of the affected group? ( %) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i></b>
Gender	<p>Donor Data: 52.5% female, 47.5% male</p> <p>Census Data: Northern Ireland population (2021 Census): Female 50.8% (967,043), Male 49.2% (936,132) (total population of 1,903,175)</p>
Age	<p>Blood donors need to be at least 17 years of age and can continue with no age limit if pass health check. Patients receiving the blood can be any age (0 - &gt;100). Donor age not collected.</p> <p>Age profile of the NI population (Census 2021):</p> <p>Age band Population Percentage            0-14 365,200: 19.2%            (15-64 1,211,500: 63.7%)            15-39 594,400: 31.2%            40-64 617,100: 32.4%            (65+ 326,500: 17.2%)            65-84 287,100: 15.1%            85+ 39,400: 2.1%            All ages 1,903,200: 100%</p>
Religion	<p>Donors not asked religion.</p> <p>Census Data (2021):</p> <p>Current Religion</p> <ul style="list-style-type: none"> <li>• 'no religion' (17.4%)</li> <li>• 'religion not stated' (1.6%)</li> <li>• Catholic (42.3%)</li> <li>• Presbyterian Church in Ireland (16.6%)</li> </ul>



	<ul style="list-style-type: none"> <li>• Church of Ireland (11.5%)</li> <li>• Methodist (2.4%)</li> <li>• Other Christian denominations (6.9%)</li> <li>• Other non-Christian Religions (1.3%).</li> </ul>
Political Opinion	<p>Donors not asked for political opinion.</p> <p>Census Data 2021: National identity (nationality based) (Number – Percentage)</p> <ul style="list-style-type: none"> <li>• British 814,600 42.8%</li> <li>• Irish 634,000 33.3%</li> <li>• Northern Irish 598,800 31.5%</li> <li>• English 16,800 0.9%</li> <li>• Scottish 10,200 0.5%</li> <li>• Welsh 2,000 0.1%</li> <li>• Other national identities 113,400 6.0%</li> </ul>
Marital Status	<p>Donor Data: Donors are not asked for this.</p> <p>Census Data 2021:</p> <ul style="list-style-type: none"> <li>• 45.6% (690,500) of those aged 16 or over were married</li> <li>• 38.1% (576,700) were single</li> <li>• 0.2% (2700) were registered in a civil partnership</li> <li>• 9.8% (148,400) were either divorced, separated or formerly in a same – sex partnership</li> <li>• 6.4% (96,400) were either widowed or a surviving partner</li> </ul>
Dependent Status	<p>Donors not asked this.</p> <p>Census Data 2021: Provision of unpaid care (this covers looking after, giving help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age. It excludes any activities carried out in paid employment.)</p> <p>In Northern Ireland all usual residents aged 5 and over = 1,789,348</p> <p>Percentage of usual residents aged 5 and over who provide:</p> <p>No unpaid care - 87.58%</p> <p>1-19 hours unpaid care per week - 5.63%</p> <p>20-34 hours unpaid care per week - 1.38%</p>



	<p>35-49 hours unpaid care per week - 1.57% 50+ hours unpaid care per week - 3.84%</p> <p><b>Carers NI (State of Caring 2022 report)</b></p> <p>There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK (2022). Carers Week research report 2022.)</p>																
<p>Disability</p>	<p>Information provided by donors only if it affects their ability to donate. We do not collect this as a whole but if relevant to eligibility to donate information is recorded on donor file on our comport system.</p> <p>Census Data 2021:</p> <p>Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are: Limited a lot – 11.45% Limited a little – 12.88% Not limited – 75.67% (‘Day-to-day activities limited’ covers any health problem or disability (including problems related to old age) which has lasted or is expected to last for at least 12 months.)</p> <p>The breakdown of the various long-term conditions as outlined in the 2021 Census is:</p> <table border="1" data-bbox="368 1429 1442 2033"> <thead> <tr> <th>Type of long-term condition</th> <th>Percentage of population with condition %</th> </tr> </thead> <tbody> <tr> <td>Deafness or partial hearing loss</td> <td>5.75</td> </tr> <tr> <td>Blindness or partial sight loss</td> <td>1.78</td> </tr> <tr> <td>Mobility of Dexterity Difficulty that requires wheelchair use</td> <td>1.48</td> </tr> <tr> <td>Mobility of Dexterity Difficulty that limits basic physical activities</td> <td>10.91</td> </tr> <tr> <td>Intellectual or learning disability</td> <td>0.89</td> </tr> <tr> <td>Learning difficulty</td> <td>3.5</td> </tr> <tr> <td>Autism or Asperger syndrome</td> <td>1.86</td> </tr> </tbody> </table>	Type of long-term condition	Percentage of population with condition %	Deafness or partial hearing loss	5.75	Blindness or partial sight loss	1.78	Mobility of Dexterity Difficulty that requires wheelchair use	1.48	Mobility of Dexterity Difficulty that limits basic physical activities	10.91	Intellectual or learning disability	0.89	Learning difficulty	3.5	Autism or Asperger syndrome	1.86
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	An emotional, psychological or mental health condition	8.68
	Frequent periods of confusion or memory loss	1.99
	Long – term pain or discomfort.	11.58
	Shortness of breath or difficulty breathing	10.29
	Other condition	8.81
	<p>Information on rare diseases provided by NI Rare Diseases Partnership <a href="http://www.nirdp.org.uk">www.nirdp.org.uk</a> suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is around 110,000 people in Northern Ireland. A disease is “rare” if it affects fewer than 1 people per 2,000.</p>	
Ethnicity	<p>Donors are not asked this.</p> <p>Census Data: In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.</p> <p>Ethnic Group Number Percentage:                      White: 1,837,600 - 96.6%                      Minority Ethnic Group: 65,600 - 3.4%                      Black: 11,000 - 0.6%                      Indian: 9,900 - 0.5%                      Chinese: 9,500 - 0.5%                      Filipino: 4,500 - 0.2%                      Irish Traveller: 2,600 - 0.1%                      Arab: 1,800 - 0.1%                      Pakistani: 1,600 - 0.1%                      Roma: 1,500 - 0.1%                      Mixed Ethnicities: 14,400 - 0.8%                      Other Asian: 5,200 - 0.3%                      Other Ethnicities: 3,600 - 0.2%                      All usual residents: 1,903,200 - 100.0%</p> <p>Main language of usual residents aged 3 and over                      Main language Number Percentage                      English: 1,751,500 - 95.4%                      Main language not English: 85,100 - 4.6%                      Polish: 20,100 - 1.1%</p>	



	<p>Lithuanian: 9,000 - 0.5%</p> <p>Irish: 6,000 - 0.3%</p> <p>Romanian: 5,600 - 0.3%</p> <p>Portuguese: 5,000 - 0.3%</p> <p>Arabic: 3,600 - 0.2%</p> <p>Bulgarian: 3,600 - 0.2%</p> <p>Other languages: 32,200 - 1.8%</p> <p>All usual residents aged 3 and over: 1,836,600 - 100.0%</p>
Sexual Orientation	<p>Donors are not asked this. Following the Implementation of the FAIR report in August 2021, Men who have sex with men (MSM) can now donate if they have had the same one partner in the last 3 months.</p> <p>Census Data 2021: Of the Northern Ireland population aged 16 years and over 2.1% identified as lesbian, gay or bisexual (LGB), 90% as straight or heterosexual with 7.9% not wishing to state a sexual orientation.</p> <p>Younger people, aged 16 to 24 years were most likely to identify as LGB in 2021, 4.6% of all 16 to 24-year olds, compared to older age groups – 3.8% aged 29-39, 1.2% aged 40-64 and 0.3% aged 65 years and over.</p>

### 2.3 Qualitative Data

**What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.**



<b>Category</b>	<b>Needs and Experiences</b>
Gender	There is no data to suggest that the needs and experiences of service users differ on the basis of gender.
Age	There is no data to suggest that the needs and experiences of service users differ on the basis of age.
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion.
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion.
Marital Status	There is no data to suggest that the needs and experiences of service users differ on the basis of marital status.
Dependent Status	There is no data to suggest that the needs and experiences of service users differ on the basis of dependant's status.
Disability	One-to-one communication may be needed in particular to those with a Learning Disability and those with hearing loss/deaf to reassure and let them understand the situation. Issues relating to accessibility information for people with disabilities are considered in our Accessible Formats Policy. There is no data to suggest that the needs and experiences of service users differ on the basis of disability.
Ethnicity	Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy. There is no data to suggest that the needs and experiences of service users differ on the basis of ethnicity.
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation.

## 2.4 Multiple Identities

**Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.**

No
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## 2.5 Making Changes

**Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?**

<i><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p>Disability – Individuals with learning disability, hearing loss / deafness will need to be communicated one on one if an incident occurs.</p>	<p>Individuals will be supported and one to one communication will be given to reassure and ensure that the individuals understand the situation.</p>

## 2.6 Good Relations

**What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)**

<i><b>Group</b></i>	<i><b>Impact</b></i>	<i><b>Suggestions</b></i>
Religion	/	/
Political Opinion	/	/
Ethnicity	/	/



**(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

**How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)**

**Please tick:**

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	<input checked="" type="checkbox"/>

**Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?**

**Please tick:**

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

This is a technical policy; no equality impacts have been identified for any of the Section 75 groups.



**(4) CONSIDERATION OF DISABILITY DUTIES**

**4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?**

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>

**4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?**

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>



## (5) CONSIDERATION OF HUMAN RIGHTS

### 5.1 Does the policy or decision affect anyone's Human Rights?

Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	
Article 5 – Right to liberty & security of person	
Article 6 – Right to a fair & public trial within a reasonable time	
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	
Article 8 – Right to respect for private & family life, home and correspondence.	
Article 9 – Right to freedom of thought, conscience & religion	
Article 10 – Right to freedom of expression	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1 <sup>st</sup> protocol Article 2 – Right of access to education	

*If you have answered no to all of the above please move on to **Question 6** on monitoring*



**5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?**

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No

*\* It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

**5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.**

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**(6) MONITORING**

**6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?**

Equality & Good Relations	Disability Duties	Human Rights

Approved Lead Officer: Dr Allameddine Allameddine

Position: Medical Director

Date: 05/03/2024

Policy/Decision Screened by: Dr Allameddine Allameddine

**Please note that having completed the screening you are required by statute to publish the completed screening template, as per NIBTS equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.**



***Please forward a copy of the completed screening template and policy/strategy to the HR Office for publishing.***

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact a member of the HR department.