Northern Ireland
Blood Transfusion Service

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 :

POL:08:MP:017:05:NIBT

POLICY FOR TRANSFUSION OF NEWBORN INFANTS AND EXCHANGE TRANSFUSION

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)**

The transfusion of neonates, infants and children differs in many aspects from transfusion in adults. This policy discusses best practice guidelines for transfusion of neonates and infants, and in particular the management of special transfusion needs such as exchange transfusion (ET) and Fetal Neonatal alloimmune thrombocytopenia (FNAIT).

NIBTS policy reflects British Society of Haematology (BSH) guidelines, available at www.b-s-h.org.uk/guidelines.

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

This is a technical policy is for NIBTS staff involved in delivering these specialised components to the requesting hospital. Involves medical staff, biomedical scientists, and

component processing staff.

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

- **what are they?**
- **who owns them?**

SOP BD058 – preparation of red blood cells for Exchange Transfusion.
SOP BD 059 – Selection & Storage of whole blood CPD to supply donations suitable for exchange
DD 1679 – Exchange transfusion checklist

All of the above technical SOPs and form are owned by hospital services department.

(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.

NIBTS Staff Data.

Neonates – approximately 23,000 births per year and approx. 2 exchanges carried out per year. Neonatal quantitative data – would be representative of NI population so census data added in 2.2 where applicable

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.

Category	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?
Gender	**NIBTS Staff Data:** 67% female, 33% male Census Data: Northern Ireland population (2021 Census): Female 50.8% (967,043), Male 49.2% (936,132) (total population of 1,903,175)
Age	**NIBTS Staff Data below (note components for neonates only: < 28 days old)** | Age Group	%
16-24	5%
25-34	18%
35-44	22%
45-54	21%
55-64	29%
>=65	5%

Religion	**NIBTS Staff Data:** 39% Catholic 42% Protestant 10% Neither 9% Not determined Census Data (2021): Current Religion • 'no religion' (17.4%) • 'religion not stated' (1.6%) • Catholic (42.3%) • Presbyterian Church in Ireland (16.6%) • Church of Ireland (11.5%) • Methodist (2.4%) • Other Christian denominations (6.9%) • Other non-Christian Religions (1.3%). Religion/religion of upbringing (Number - Percentage) Catholic: 869,800 - 45.7% Current religion: 805,200 - 42.3% Religion of upbringing: 64,600 - 3.4% Protestant and other Christian (including Christian related): 827,500 - 43.5% Current religion: 711,000 - 37.4% Religion of upbringing: 116,600 - 6.1% Other religions: 28,500 - 1.5% Current religion: 25,500 - 1.3% Religion of upbringing: 3,000 - 0.2% None: 177,400 - 9.3% All usual residents: 1,903,200 - 100.0%
Political Opinion	Staff Data: 9% Broadly Nationalist 9% Broadly Unionist 16% Other 66% No answer N/A to neonates
Marital Status	**NIBTS Staff Data:** 19% Unknown 24% Single 53.5% Married / Civil Partnership

	2% Divorced 0.5% Widowed 0.5% Separated 0.5% Other Neonates N/A
Dependent Status	**NIBTS Staff Data:** 28% Staff with dependents 30% Staff without dependants 42% Not assigned Neonates N/A
Disability	**NIBTS Staff Data:** 55% No Disability 2% With Disability 43% Not Assigned

Staff Data:
55% No Disability
2% With Disability
43% Not Assigned

Neonates – a small % will have a disability (may not be at birth). Census data provided as proxy.

Census Data 2021:
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.)

The breakdown of the various long-term conditions as outlined in the 2021 Census is:

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
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

Information on rare diseases provided by NI Rare Diseases Partnership www.nirdp.org.uk 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.

Ethnicity	Staff Data: 64.5% White 0.5% Pakistani 1% Other 34% Not Assigned 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. 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% 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% Lithuanian: 9,000 - 0.5% Irish: 6,000 - 0.3% Romanian: 5,600 - 0.3% Portuguese: 5,000 - 0.3% Arabic: 3,600 - 0.2% Bulgarian: 3,600 - 0.2% Other languages: 32,200 - 1.8% All usual residents aged 3 and over: 1,836,600 - 100.0%
Sexual Orientation	**NIBTS Staff Data:** 50% Someone of the opposite sex 3% Someone of the same sex 0.5% Both sexes 3% Do not wish to answer 43.5% Not assigned N/A neonates

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.

Category	*Needs and Experiences*
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	Issues relating to accessibility information fro 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.

N/A

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?

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*

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)

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Group	Impact	Suggestions
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)

No	✔

Please tick:

Major impact	
Minor impact	
No further impact	✔

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

Please tick:

Yes	

Please give reasons for your decisions.

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

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(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?

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

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?

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

(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	
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1st 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.**

(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 Kathryn Maguire**

Position: **Consultant in Transfusion Medicine**

Date: **06/02/2025**

Policy/Decision Screened by: **Dr Kathryn Maguire**

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.