EQUALITY SCREENING TEMPLATE

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - Screening Resources & Evidence.

(1) INFORMATION ABOUT THE POLICY OR DECISION

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

POL:98:HP:002:03:NIBT POLICY FOR VACCINATION OF STAFF AGAINST HEPATITIS B

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 purpose of this policy is to provide information on Hepatitis B vaccination for NIBTS /healthcare staff. This policy is based on the following document: The Green Book: Immunisation against infections disease, Chapter 18 Hepatitis B (Department of Health UK) It seeks to explain the rationale for Hepatitis B vaccination in at risk groups, provides information on Hepatitis B infection and the vaccination programme. The immunisation programme is managed by Occupational Health Department, Belfast Health & Social Care Trust.

There are no constraints, financial, legislative or other.

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

NIBTS staff, particularly those groups of staff who potentially come into contact with blood or body fluids which may carry a risk of Hepatitis B infection. This would include medical, nursing and donor-attendant staff groups as well as laboratory staff and potentially transport staff.



- 1.4 Other policies or decisions with a bearing on this policy or decision
 - what are they?
 - who owns them?

There are no other policies or decisions which have a bearing on this policy.



(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			

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	issues or pr	oblems? F	f the affected group? (%) Are there any For example, a lower uptake that needs eater involvement of a particular group?
Gender	NIBTS Staff D	ata:	
	69% female, 3°	1% male	
Age	NIBTS Staff D	ata:	
	Age Group	%	
	16-24	6%	
	25-34	18%	
	35-44	23%	
	45-54	23%	
	55-64	26%	
	>=65	4%	
Religion	NIBTS Staff Da	ata:	
	37% Catholic	4	
	47% Protestan 7% Neither	τ	
	9% Not determ	inad	
	9% Not determ	ineu	
Political	NIBTS Staff Da	ata:	
Opinion	10% Broadly N	ationalist	
opinion	8% Broadly Un	ionist	
	16% Other		
	66% No answe	er	



Marital Status	NIBTS Staff Data: 13% Unknown 29% Single 56% Married / Civil Partnership 1% Divorced 0.5% Widowed 0.5% Separated
Dependent Status	NIBTS Staff Data: 28% Staff with dependents 27% Staff without dependants 45% Not assigned
Disability	NIBTS Staff Data: 51% No Disability 5% With Disability 44% Not Assigned
Ethnicity	NIBTS Staff Data: 67% White Less than 1% Pakistani Less than 1% Other 32% Not Assigned
Sexual Orientation	NIBTS Staff Data: 50% Someone of the opposite sex 4% Someone of the same sex 3% Do not wish to answer 43% Not assigned

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	Hepatitis B infection: The risk of developing chronic hepatitis B infection depends on the age at which infection is acquired and is highest in infants infected perinatally. About 5% or less of previously healthy people, infected as adults, become chronically infected (Hyams, 1995). Hepatitis B vaccination: Hepatitis B vaccines are highly effective; around 90% of adults respond to vaccines adequately. Poor responses are mostly associated with age over 40 years, obesity and smoking (Roome <i>et al.</i> , 1993). Age of staff at time of vaccination may therefore have an effect on vaccine efficacy although the evidence is not definitive.
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion.
Political	There is no data to suggest that the needs and experiences of
Opinion	service users differ on the basis of political opinion.
Marital	There is no data to suggest that the needs and experiences of
Status	service users differ on the basis of marital status.
Dependent	There is no data to suggest that the needs and experiences of
Status	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. Hepatitis B vaccines are highly effective; around 90% of adults respond to vaccines adequately. Poor responses are mostly associated with age over 40 years, obesity and smoking (Roome et al., 1993). Lower seroconversion rates have also been reported in people who have alcohol dependency, particularly those with advanced liver disease (Rosman et al., 1997). Patients who are immunosuppressed or on renal dialysis may respond less well than healthy individuals and may require larger or more frequent doses of vaccine. Chronic illnesses and conditions can therefore have an effect on vaccine efficacy
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	There is no data to suggest that the needs and experiences of
Orientation	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)

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)

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	
No	✓

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

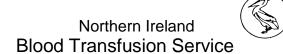
(4) CONSIDERATION OF DISABILITY DUTIES

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?

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

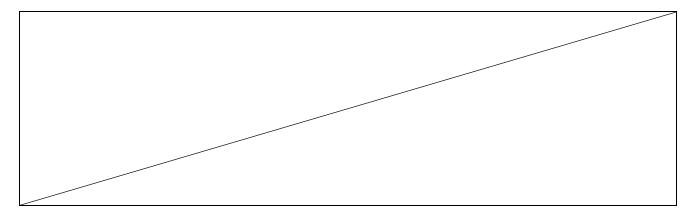


5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

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 Joanne Murdock
Position:	Medical Director
Date:	23/08/2021
Policy/Decision Screened by:	Dr Joanne Murdock

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.