



## 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:05:MP:007:04:NIBT

POLICY ON UPPER AGE LIMITS FOR BLOOD DONATION

#### 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)

Upper age limits for blood and component donation have traditionally been set to protect the donor's safety.

Regular and returning donors (as defined in the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee *Donor Selection Guidelines*) may be allowed to donate beyond their 66th birthday with permission of a physician in the Blood Establishment, given annually. This policy sets out the JPAC UK Donor Selection Guidelines (UK DSGs) which are followed by NIBTS.

#### 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 involved in donor eligibility – donation staff (Administrative, Donor Session Assistants, Registered Nurses), Medical staff, medical secretaries, donor recruitment staff.

Donors – whole blood and platelet donors



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

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

NIBTS Blood Donation SOPs & policies to provide further guidance to staff and donors –

BD 013 General Health & Haemoglobin Screen

BD 028 – Personal Donor Interview

PH 048 – Reception/selection and assessment of apheresis donors

DD634 Information for Donors – principles of Donor Selection

All owned by Donor Services and Medical Departments



**(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 – managing donors  
 Donor Data – current donor database  
 Census Data – potential new donors in future

**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	NIBTS Staff Data: 69% female, 31% male  Donor Data: 46% female, 54% male  Census Data: Northern Ireland population (2011 Census): Female 51%, Male: 49%.														
Age	NIBTS Staff Data: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th><b>Age Group</b></th> <th><b>%</b></th> </tr> </thead> <tbody> <tr> <td>16-24</td> <td>6%</td> </tr> <tr> <td>25-34</td> <td>20%</td> </tr> <tr> <td>35-44</td> <td>24%</td> </tr> <tr> <td>45-54</td> <td>27%</td> </tr> <tr> <td>55-64</td> <td>22%</td> </tr> <tr> <td>&gt;=65</td> <td>1%</td> </tr> </tbody> </table>	<b>Age Group</b>	<b>%</b>	16-24	6%	25-34	20%	35-44	24%	45-54	27%	55-64	22%	>=65	1%
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	<p><b>Donor Data:</b> Blood donors need to be at least 17 years of age and can continue to donate with no age limit if regular donor and health check is passed – this policy sets out guidelines for regular donors donating past 66 years.</p> <p><b>Census Data:</b> Census 2011 figures report the 16-64 age group represents just under 65% of the total NI population</p>
Religion	<p><b>NIBTS Staff Data:</b> 41% Catholic 44% Protestant 7% Neither 8% Not determined</p> <p><b>Donor Data:</b> Donors are not asked their religion.</p> <p><b>Census Data:</b> 45.1% of the population from a Catholic background. 48.4% of the population from Protestant and other Christian background. 0.9% of population from other religions. 5.6% of population no religion or religion not stated (2011 Census).</p>
Political Opinion	<p><b>Staff Data:</b> 11% Broadly Nationalist 10% Broadly Unionist 14% Other 65% No answer</p> <p><b>Donor Data:</b> Donors are not asked for their political opinion.</p> <p><b>Census Data:</b> Of those eligible to vote in the NI Assembly election of 2011, 43.21% voted for a Unionist candidate as a first preference, 41.18% voted for a Nationalist/Republican candidate as a first preference and approximately 15% voted for other candidates as a first preference</p>
Marital Status	<p><b>Staff Data:</b> 9% Unknown 32% Single</p>



	<p>56% Married / Civil Partnership 1% Divorced 0.5% Widowed 1.5% Separated</p> <p>Donor Data: Donors are not asked for this.</p> <p>Census Data: 2011 Census figures report 48% of the resident population aged 16 and over are married, whilst 36% are single, 0.1% are registered in same-sex civil partnerships, 9.4% are divorced, separated or formerly in same-sex partnership and 6.8% are either widowed or a surviving partner.</p>
Dependent Status	<p>Staff Data: 29% Staff with dependents 30% Staff without dependants 41% Not assigned</p> <p>Donor Data: Donors are not asked this.</p> <p>Census Data: Census 2011 figures report 12% of the resident population provide unpaid care to family members, friends, neighbours, and 34% of households contain dependent children and 34% of households contain dependent children.</p>
Disability	<p>Staff Data: 60% No Disability 3% With Disability 37% Not Assigned</p> <p>Donor Data: Data not collect as a whole information provided by donors only if it affects their ability to donate. The system does not allow for data for all donors to be retrieving in relation to this.</p> <p>Census Data: Census 2011 figures report 21% of the population regard themselves as having a disability or long-term health problem which has an impact on their day to day activities.</p>



Ethnicity	<p>Staff Data: 75% White Less than 1% Pakistani 1 % Other 23% Not Assigned</p> <p>Donor Data: Donors are not asked this.</p> <p>Census Data: Census 2011 figures report 1.8% of the resident population belong to a minority ethnic group, with 3.1% stating their first language is not English.</p>
Sexual Orientation	<p>Staff Data: 54% Someone of the opposite sex 2.5% Someone of the same sex 0.5% Both sexes 5% Do not wish to answer 38% Not assigned</p> <p>Donor Data: Donors are not asked this, however, the health check questionnaire asks males if they have had sex with another male in the last 12 months and asks females if they have had sex in the last 12 months with a man who has ever had sex with another man. A yes response would lead to a 12 month deferral.</p> <p>Census Data: NI population estimates 1 in 10 are LGB</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. Same upper age limits apply to both male and female donors.
Age	Policy specific for upper age limits. NIBTS follows UK guidance on Donor Selection Criteria to protect safety of donor. Provided donor is regular & meets eligibility criteria they can continue to donate without an age limit.
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 dependent status.
Disability	If applicable can add this "Issues relating to accessibility information for people with disabilities are considered in our Accessible Formats Policy."
Ethnicity	If applicable can add this "Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy."
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation. Additional eligibility criteria exist for men who have sex with men (MSM) but same upper age limits apply.

## 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.**



**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>Well established donor eligibility criteria throughout the world to protect donor and patient. UK has specific guidelines for age (upper and lower limits with criteria) which are applied in NI. Documentation to current donors and advertising for potential new donors sets out the criteria and reasons for this. As regards upper age limit – first time donor up to 66<sup>th</sup> birthday and criteria to be a regular donor (donate at least once every 2 years) after 66 years is set for donor safety and this is explained to the donor.</p>	<p>Continue to adhere to UK Donor Selection Guidelines and inform donors of eligibility criteria.</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)**



<b>Group</b>	<b>Impact</b>	<b>Suggestions</b>
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"/>
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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	
No	√



Please give reasons for your decisions.

Having screened the policy and put in place mitigation for any impacts identified it is not thought that subjecting the policy to an EQIA will further identify opportunities to promote equality of opportunity.



**(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. N/A – all NO**

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.**

**(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
Continue to collect donor data and refer to future census information.	N/A	N/A

Approved Lead Officer: Dr Kathryn Maguire

Position: Consultant in Transfusion medicine

Date: 04/10/19

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.