

Guideline on hand washing and the use of hand sanitiser

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Infection Prevention and Control Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
4	Resource implication	Addition of DOH and best evidence	Dec 2009	S Silvester
	2.3.	Additional responsibility for Infection Control Link Practitioners / Clinical Educators	Dec 2009	S Silvester
	Appendix A ,F. H, I, J . L	New Hand hygiene competency Form Revised Hand hygiene leaflet for the general public New Attendance List – Hand hygiene education Additional 5 moments posters Revised Hand Hygiene Audit tool	Dec 2009	S Silvester
5	Appendix L	Diversity statement added	Dec 2010	C Day
	Section 2	Add Chief Executive, Board lead Report..... & the Board Ensure that.... hygiene Add Training Requirements Add Failure to attend hand hygiene training	Jan 2011	C Day
	Section 5	Add monitoring	March 2011	C Day
6	Front page	Changed footers and Infection Prevention Team	June 2014	L Roberts
6	Whole document	Changed titles of teams and updated footers and headers. Update EA and added monitoring	June 2014	L Roberts
6	3.3& 16	Added hand hygiene reported to Board quarterly	June 2014	L Roberts
7	Whoel document	Took out hand hygiene competency at Induction and Manadatory update. Changed footers	March 2016	L Roberts

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Hand washing and the use of hand sanitizers Guideline Statement

Background	The purpose of this guideline is to advise on the best practice required around hand washing and the use of hand sanitizers thus minimising the risk of healthcare associated infections to patients, visitors and staff in health care settings.
Statement	This policy is comprehensive, formally approved, ratified and disseminated through appropriate channels. It will be implemented for all staff within Lincolnshire Community Health Services.
Responsibilities	Compliance with this policy will be the responsibility of all Lincolnshire Community Health Services staff and invited contractors.
Training	The Infection Prevention Team, Clinical Educators and Education and Workforce will support/facilitate any training associated with this policy.
Dissemination	Via Lincolnshire Community Health Services Website.
Resource implication	This guideline has been developed in line with the NHS Litigation Authority guidelines, recent Department of Health Policy and Best Practice Evidence to provide a framework for staff within the organisation to ensure appropriate production, management and review of organisation-wide policies.

Guideline for hand washing and the use of hand sanitizer

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Guideline for Hand washing and the use of hand sanitizers

1. Importance of hand washing and the use of hand sanitizers

Hand washing is the single most important measure in reducing the spread of disease and infections. Hands are a repository for micro-organisms and the risk of disease and infections to the patient are greatly reduced by staff appropriately and timely washing and/or decontaminating their hands.

Health care associated infections affect approximately 5,000 patients per year (NPSA 2004) at a cost to the NHS of at least £1 billion per year.

It is acknowledged there are resource differences presented to community health care when compared to secondary care.

1.1 Objectives of hand washing and the use of hand sanitizers

The objectives of hand washing and the use of hand sanitizers are to:

- Remove or destroy potentially harmful micro-organisms,
- Prevent the hands in becoming a vector of cross infection,
- Render the hands socially clean in order to continue the delivery of health care.

2. Scope of the policy

This policy is for all staff working and contracted within Lincolnshire Community Health Services.

3. Responsibilities

3.1 Chief Executive

Overall responsibility for matters relating to infection prevention and control lies with the Chief Executive to the Trust. He/she is accountable for delivering reductions in HCAI's and has the overall responsibility for ensuring that there are effective arrangements in place for controlling and preventing infections.

3.2 Board lead

The Director of Infection Prevention and Control (DIPC) has the Board lead for Lincolnshire Community Health Services. He/she is responsible for providing assurance to the Board for Lincolnshire Community Health Services that patients are safe from avoidable HCAI through:

- Reporting to the local Clinical Commissioning Groups on issues pertaining to compliance and risks associated with non-compliance with this guideline,
- Challenging inappropriate clinical practices.

3.3 The Infection Prevention Team

The Infection Prevention Team will:

- Review the guidelines in response to the publication of any urgent communications from the Department of Health and on an annual basis,
- Assist managers with the audit of compliance with the guideline as part of the Infection Prevention and Control audit programme,
- Report any issues relating to non-compliance with hand hygiene best practice via the monthly infection control report to the DIPC & the Board on a quarterly basis.

3.4 Managers

Managers have the responsibility for the standards of clinical practice by their staff in the health care setting. They must:

- Ensure that hand hygiene assessment is performed on local induction in clinical area
- Inform new employees of their responsibilities under this guidance,
- Ensure all individuals in their area comply with hand hygiene guidance, staff, bank, locum, volunteers and contractors
- Provide evidence of hand hygiene audits undertaken,
- Ensure that there are adequate and sufficient resources to facilitate effective hand hygiene.
- Provide training and competency checks when an issue has been identified
- Promote public awareness around hand hygiene

3.5 Infection Prevention Link Champions and Clinical Educators

Infection Prevention Link Champions and Clinical Educators are responsible for supporting the Infection Prevention and Control agenda. They must:

- Ensure the delivery of hand hygiene education locally,
- Assist in the environmental and observational audits,
- Promote public awareness around hand hygiene.

3.6 Employees

All employees and contractors have a responsibility to abide by this policy and any decisions arising from the implementation of them. Any decision to vary from this policy must be fully documented with the associated rationale stated.

3.7 Education and Workforce Team

The Education and Workforce Team has a responsibility to ensure the co-ordination of the education of staff. In relation to this guideline will:

- Include hand hygiene in all clinical education

3.8 Occupational Health

Occupational health departments have a responsibility to ensure that:

- They advise on the most appropriate hand hygiene techniques,
- They support and advise staff with skin problems on the hands.

4. Training requirements- Hand Hygiene

Training in hand hygiene will be provided as follows:

Hand hygiene training will be undertaken at a local level as part of induction to the clinical area and when an issue regarding compliance arises.

5. Monitoring

Hand hygiene will be included as part of local induction to clinical area, and therefore recorded on local induction records and ESR to facilitate internal audits.

Hand hygiene compliance responsible matron/service leads/designatory. Compliance will be monitored at the local level by the matron/service lead and any necessary action taken where compliance is less than 95%

Hand Hygiene compliance data will be received/reviewed by the infection Prevention and Control Committee quarterly, via exception reporting. The Committee will where necessary ensure that the Board is notified of any instances where the requirements of this policy are not being met. Data will be uploaded onto the Performance +[®] data base.

6. Hand washing - When to wash hands

There is no set frequency for washing hands, it is determined by the health care procedures and actions; those about to be performed and those completed.

The following gives examples of when to wash hands:

- Before starting work and just before the end of the working day
 - Before and after physical contact with each patient; bathing, toileting
 - Whenever hands become visibly soiled or after microbial contamination
 - Before and after removing any protective clothing (this includes sterile and non-sterile gloves)
 - Before putting on sterile gloves
 - Before, during and after aseptic procedures
 - Before and after the administration of medications
 - After handling contaminated items such as dressings, bedpans, urinals, urine drainage bags and nappies
 - Before and after handling wounds, urinary catheters, feeding lines, tracheostomies
 - After handling contaminated laundry and waste
 - Before preparing, eating, drinking or handling food
 - After visiting the toilet
 - After blowing your nose and/or covering a sneeze
- *not an exhaustive list

7. Hand wash technique

The hand wash technique was devised by an Infection Control Nurse during her research in the 1970s and it aims to cover all areas of the hands in order to achieve the above objectives. See Appendix A - F.

In order for effective hand washing to take place the arms must be bare from the elbows down and jewellery must not be worn with the exception of that stated within the Trust's Uniform.

7.1 Summary

- Wet hands with water (preferably running).
- Dispense a portion of liquid soap onto wet hands.
- Rub and lather solution.
- Undertake the systematic hand wash technique.
- Rinse hand thoroughly under running water / fresh water.
- Dry hands thoroughly with disposable paper towels (or alternative see 7).
- Discard paper towels in general domestic waste stream.

8. Hand sanitizers - When to use hand sanitizers

Hand sanitizers (gel or liquid) are solutions to be placed onto dry hands, where hands are not visibly contaminated and provides an additional method for ensuring hands are clean before proceeding with clinical care. They are useful where additional rapid hand cleansing is required (Appendix D). In order for effective hand decontamination to take place the arms must be bare from the elbows down and jewellery/nail polish/artificial nails must not be worn with the exception of that stated within the Trust's Uniform policy.

8.1 Summary

- Ensure there is no obvious contamination of the hands.
- Dispense the required amount of solution onto the dry palms, and then cover all areas of the hands.
- Rub the solution into the hands using the systematic hand rubbing technique.
- Continue rubbing until the solution has dried from the hands.

Do not use:

- On hands that are visibly contaminated with blood / bodily fluids,
- Immediately after washing your hands with soap and water,
- Following removal of procedural gloves.

Note:

Hand washing must be the primary method of hand decontamination. This is of particular importance where for example Norovirus and C.difficile micro-organisms are known to be present.

9. Surgical hand washing

The aim of surgical hand washing is to remove or destroy the transient micro-organisms and reduce detachable resident organisms. This requires the use of an antiseptic hand wash solution, e.g. Chlorhexidine or betadine, in conjunction with a more defined washing technique.

This process is essential before all surgical procedures.

9.1 Summary;

- Prior to a surgical hand wash, jewellery must be removed.
- Follow the principles of hand washing as described in 4.1.
- Where nail brushes have to be used, single use disposable nail brushes may be utilised to remove debris from underneath fingernails, under running water.
- When performing surgical hand wash ensure the hands and forearms are scrubbed for the length of time recommended by the manufacturer (a repeated technique for usually 2–6 minutes).
- Dry thoroughly with quality absorbent paper towels.

10. Drying Hands

Patting the hands with good quality absorbent paper towels, ensuring all areas of the hands are dry, contributes to the removal of remaining organisms after hand washing.

Leaving damp areas on hands can readily create an environment for the transfer of micro-organisms. Repeatedly leaving areas damp can also lead to skin drying, rashes and broken skin.

The 'gold standard' for hand drying is with the use of good quality, absorbent paper towels.

Within the setting of the patient's own environment, particularly, a variety of options are available. (A local risk assessment should be undertaken first).

- A designated towel for your own use,
- Kitchen towels,
- Take paper towels in with you,
- Spare sterile fields within dressing packs.

Hot air dryers, multi-use cloths of the roll or hanging type are not recommended in health care settings where patient care is delivered.

11. Hand wash solutions

11.1 Soaps

Soaps are detergent-based products that contain esterified fatty acids and sodium or potassium hydroxide. They are available in various forms including bar soap, wipes and liquid preparations. Their cleaning activity can be attributed to their detergent properties, which result in encompassing and removal of dirt, soil, and various organic substances from the hands.

Hand washing with plain soap removes the loosely attached transient flora.

Liquid preparation are preferred as bar soaps become very easily and heavily contaminated with micro-organisms.

11.2 Hand sanitizers

The majority of alcohol-based hand antiseptics contain either isopropanol, ethanol, n-propanol, or a combination of two of these products. The product can come in a gel form or a more liquid form. Because of the drying nature of alcohol, glycerol and skin softening agents are also added to the solution.

Hand sanitizers are not appropriate for use when hands are visibly dirty or contaminated with proteinaceous materials.

Utilising hand sanitizers appropriately can reduce the load of micro-organisms on the hands and have been researched to minimise cross infection.

11.2.1. Storage of Hand sanitizers / gels

Hand sanitizers must be stored in accordance to COSHH and NPSA Alert (2005/07) as alcohol based hand rubs/gel could provide a fire with an accelerant.

It is important to take note of the following;

- Reserve stocks of hand sanitizer (and other flammable liquids) in the workplace should be kept in a lockable metal cupboard.
- The hand rub/gel must be kept away from naked flames and ignition sources.
- Dispensers should not be sited directly above or adjacent to electrical sockets or switches.
- Sign post effective use of hand sanitizer/gel to all.
- The maximum container size should be 1 litre.

11.3 Antiseptic Solution

Common antiseptics in use are Chlorhexidine and Iodine based solutions.

Chlorhexidine

Chlorhexidine has a bacteriostatic and bacteriocidal activity and acts more slowly on the hands than alcohol solutions. It has a wide antimicrobial activity.

It comes in two forms; aqueous and alcoholic solutions and solutions containing 0.5% - 0.75% Chlorhexidine appear to be most effective. It can, however, have its activity reduced by various inorganic anions, nonionic surfactants, and hand creams containing anionic emulsifying agents. It has a substantial residual activity.

Iodine

Iodine solutions have a long history of effectiveness; however, their use is limited due to staining of the skin and skin irritation. Their use has been superseded by Chlorhexidines. The majority of iodine preparations used for hand washing contain 7.5%–10% povidone-iodine. It has a good bacteriostatic activity against a wide range of micro-organisms and removal of organic matter.

Triclosan

Triclosan has been incorporated into soaps for use by health care workers and the public and into other consumer products. Concentrations of 0.2%–2% Triclosan have broad range of antimicrobial activity and are often bacteriostatic. It has a persistent activity on the skin.

Many hand-care products are affected by pH, the presence of surfactants, emollients, or humectants and by the ionic nature of the particular formulation. The majority of formulations containing <2% triclosan are well-tolerated, seldom cause allergic reactions and have been used in minimising / eradicating EMRSA.

The Infection Prevention Team are able to advise on the most appropriate solutions to be used in the above situations.

12. Skin Care

Bacterial counts on hands increased when the skin is damaged therefore it is essential skin care takes place.

Ensure fluid intake maintained throughout the day in order to maintain hydration of the skin.

Broken skin, cuts and abrasions in any area of exposed skin, particularly the hands and forearms, should be covered with a waterproof dressing. Wear gloves if hands are extensively affected.

Use the trust's approved hand cream to maintain soft supple skin. This should be made available in designated wall dispensers or small individual tubes.

Any skin problems or rashes must be reported to the Occupational Health department for further advice.

13. Facilities for effective hand washing

13.1 Sinks and Taps

Sinks and associated fittings must fall in-line with the requirements as stated in Health Building Note 00-09 (2013). Where this is not achievable this should be highlighted to the Estates Team and a local action plan developed.

Sinks in clinical areas must be decontaminated / cleaned on a daily basis (where use and contract dictates) and additional cleaning may be required where sink areas are soiled and during outbreaks.

A hand washing poster must be displayed at all clinical sinks (Appendix A). A general poster can be displayed in all other areas (Appendix D).

13.2 Wall dispensers and Individual Containers

Soap and alcohol solutions must be provided in single use cartridges that fit into the designated wall dispensers. These dispensers (in clinical areas) must not become a vector of cross infection and should be washed / wiped on a daily basis paying attention to all surfaces. Periodically they should be removed from the walls and washed by submersion in hot water and detergent followed by effective drying.

For those staff who are 'mobile', small individual containers can be purchased via the NHS Supply Chain e.g. Community Hand Hygiene Packs.

Where wall dispensers cannot be placed an alternative is to use smaller pump dispensers that are completely disposed once empty. It is ideal that these dispensers are dated when opened and discarded after use or at an agreed interval, e.g. monthly.

Dispensers for paper towels must also be wiped / washed daily (in clinical areas), paying attention to all surfaces, with periodic removal for deeper cleaning.

14. Other Issues

14.1 Nails and jewellery

Please refer to the Trust's Uniform policy for more details.

- Nails should be kept short and clean and nail varnish or artificial nails are not permitted.
- Rings with ridges or stones are not permitted.
- Wrist watches are not permitted.
- Clothing / Uniform must dictate that clinical staff are 'bare below the elbows' to enable effective hand hygiene and to prevent cross infection.

16. Audit of hand washing, hand sanitizer use and facilities

It is the responsibility of the manager to ensure that audit is conducted noting both facilities and practice on an annual basis (Appendix I).

Hand hygiene audits will be reported to Board on a quarterly basis via the IP&C monthly report.

17. Clean Your Hands Campaign (CYH) 5 Moments

The 5 moments in care assists the undertaking of appropriate hand hygiene locally and is included within the hand hygiene observations and local education (Appendix K)

18. Risk Management

A local incident reporting form (IR1) must be completed if the following is experienced:

- Non compliance with this policy,
- Issues raised in relation to hand hygiene resources.

Please refer to the local Infection Prevention and Control risk reporting policy.

19. Resources

Posters and Leaflets: Up to date information may be obtained from the LCHS web site and from the Department of Health (www.dh.gov.uk).

Glow and Tell Machine: All wards / departments are encouraged to purchase their own machines and product. Machines may be loaned for education purposes from the Infection Prevention Team where available.

20. Monitoring

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multidisciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
Monitor compliance of Hand Hygiene Guidelines	Audit	Manager/ Infection Prevention Team/ Link Champions	Annual	I C committee	I C Committee	I C Committee

21. Best Evidence

CMO (2003) Associated Infection in England. Report from the Chief Medical Officer HMSO
 Department of Health (2003) Winning Ways: Working together to reduce Healthcare

Department of Health (2008) The Health and Social Care Act
Department of Health (2007) Essential Steps Framework
Department of Health (2007) Saving Lives Framework
Gould D. (2002) Preventing Cross-Infection' *Nursing Times* 98 (46) 50-51
Gould D. (2002) Hand Decontamination. *Nursing Times* 98 (46) 48-49
Health Building Notes 00- 09 Infection Control in the Built environment
Infection Control Nurses Association (2002) Hand Decontamination Guidelines. ICNA
Bathgate, West Lothian, UK
Journal of Hospital infection. (2014). Epic3: National Evidence-Based Guidelines for
Preventing Healthcare-Associated Infections in NHS Hospitals in England. 86S1 (2014) S1–
S70
MMWR (2002) Guideline for Hand Hygiene in Health-Care Settings Recommendations of the
Healthcare Infection Control Practices Advisory Committee and the ICPAC/SHEA/APIC/IDSA
Hand Hygiene Task Force.
National Patient Safety Agency (2004) Clean hands help to save lives. NPSA 04, September,
www.npsa.nhs.uk
Taylor L (1978) 'An evaluation of handwashing techniques – 1' *Nursing Times* January 12th
pp 54 – 55.

Clinical Staff Hand Hygiene Competency Sheet

Appendix A

The competency falls into 2 parts: Observation and Check (If required)

Observation of Hand Hygiene technique

Observation		Observers Comments
	Uniform / Jewellery adhered to (to include bare below the elbows).	
	Wet hands and apply a measure of soap.	
	Rub palms together.	
	Interlace fingers and rub	
	Cup hands and rub side to side	
	Rotate thumbs in palm of hands	
	Rotate wrists in palm of hands	
	Rinse all the soap off hands under running water and dry hands thoroughly	

ADDITIONAL CHECK BUT NOT REQUIRED

Check	Observers Comments
	Significant areas where product remains No <input type="checkbox"/> Yes (state) <input type="checkbox"/> Immediate Actions

Additional/ Comments Actions

Print Name Job Title
 Signature of Assessor Print Name
 Job Title Date

Clinical Staff Hand Hygiene Competency Sheet

Policy for Completion

Observation	Observers Comments
Uniform / Jewellery adhered to (to include bare below the elbows).	<p>Discuss and ensure Uniform / Jewellery adhered to; to acknowledge wedding band ring, no wrist watch, bare below elbows. Variations to be recorded and discussed.</p> <p>Ensure the staff member can describe the whole process and is observed undertaking the procedure.</p> <p>Variations to be recorded and discussed.</p>
Wet hands and apply a measure of soap.	
Rub palms together.	
Interlace fingers and rub.	
Cup hands and rub side to side.	
Rotate thumbs in palm of hands.	
Rotate wrists in palm of hands.	
Rinse all the soap off hands under running water and dry hands thoroughly.	

ADDITIONAL CHECK BUT NOT REQUIRED

Check	Observers Comments
	<p>Undertake the hand hygiene procedure with the glow and tell machine.</p> <p>Record significant areas where product remains.</p> <p>Condition of skin may be noted.</p> <p>Discuss and record any actions from competency.</p>

Additional/ Comments Actions

Further comments may be added here

Print Name **Job Title**

Signature of Assessor **Print Name**

Job Title **Date**

Appendices B - F

Appendix B LCHS Hand hygiene poster (Clinical) A4 & A5

Appendix C LCHS Hand hygiene leaflet (Staff)

Appendix D LCHS Use of Hand sanitizers leaflet (Staff)

Appendix E LCHS Hand hygiene leaflet (Public)

Appendix F LCHS Hand hygiene poster (Public)

All available at LCHS web site

Appendix G: Hand Hygiene Observation Tool

Community Hospital/Dept: Area / Dept:..... Date.....

Is this self assessment (tick) **OR** observation of others (tick) Name of observer

No	Grade	Number of HH opps (5 moments)	Before Low risk Contact (tick)			After low risk contact (tick)			Before High risk Contact (tick)			After high risk Contact (tick)			Before unobserved contact (tick)			After unobserved contact (tick)		
			Soap	Alco	No Obs	Soap	Alco	No Obs	Soap	Alco	No Obs	Soap	Alco	No Obs	Soap	Alco	No Obs	Soap	Alco	No Obs
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
Total																				

Overall compliance

(Number that soap and alcohol were used) X 100 = %

(Number of total opportunities for HH)

No	Issues raised	Actions to be taken	Date for completion
1			
2			
3			

Appendix J: Equality Analysis

Name of Policy/Procedure/Function*

Hand Hygiene and the use of Hand Sanitizer

Equality Analysis Carried out by: Lynne Roberts

Equality & Human rights Lead : Rachael Higgins

Director\General Manager: Dr Phil Mitchell

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	The purpose of this document is to give guidelines on hand hygiene and the use of hand sanitizer		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	All staff in LCHS		
C.	Is there any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	Yes	No	
	Disability		✓	
	Sexual Orientation		✓	
	Sex		✓	
	Gender Reassignment		✓	
	Race		✓	
	Marriage/Civil Partnership		✓	
	Maternity/Pregnancy		✓	
	Age		✓	
	Religion or Belief		✓	
	Carers		✓	
If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2				
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		L Roberts		
Date:		24/03/16		