Policy for Outbreak Reporting and Control, Including Major Outbreaks

Department / Service:	Infection Prevention Department
Originator:	Iain Johnston – Senior Infection Prevention Nurse Advisor
Accountable Director:	Vicky Morris – Director of Infection Prevention and Control
Approved by:	Trust Infection Prevention and Control Committee
Date of approval:	16th December 2019
First Revision Due:	16th December 2022
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All locations where outbreaks may occur
Target staff categories	All staff working in areas where outbreaks may occur

Policy Overview:
This policy is designed to be used when an outbreak occurs which exceeds the capacity of the Infection Prevention Team (IPT) and local managers to control in a particular area either because of the numbers of individuals affected, spread, severity or sensitivity of the situation

Latest Amendments to this policy:
16th December 2019 - The following policies have been incorporated into this overarching policy: WAHT-INF-005; WAHT-INF-031; WAHT-INF-013. New document approved at TIPCC. Addtion of new equality impact assessment.

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1. Introduction

Outbreaks can affect both primary and secondary care facilities and may have serious consequences for service users and NHS organisations including: mortality; morbidity; distress; delays and impacts on service provision. Not all outbreaks are preventable, however it is possible to minimise the effect of outbreaks when they occur by taking prompt preventative actions.

Most hospital outbreaks have minimal or no public health implications and are managed using WAHTs local policy and procedures and outbreak plan.

The guidance within this document is designed to minimise the effects of outbreaks by ensuring there are appropriate systems in place for early detection and management of outbreaks.

2. Scope of this document

This policy sets out the principles to be followed when an outbreak or period of increased incidence of infection occurs, including a major outbreak.

It is consistent with Infection Prevention Guidelines which provide detailed guidance on preventing the spread of infection and are contained within the Trust's Key Documents intranet page.

3. Definitions

Infection Prevention and Control (IPC)
The practices and processes, in accordance with specific policies and procedures, employed to minimise infection. These should reduce risk of infection to individual patients; and also reduce the risk of dissemination of organisms with the potential to cause spread of infection from patient to patient within the healthcare setting (eg MRSA or *Clostridiodes difficile*).

Healthcare Associated Infection (HCAI)
Infection acquired in association with hospital admission or other healthcare intervention.

Ward closure
Usually when a ward is closed due to infection this means it is closed to admissions. Discharges to patients own homes can usually take place. Advice will be given in each outbreak.

Convalescence
A symptom-free interval, usually 48 hrs in the case of viral diarrhoea, which must be experienced by infected patients before they can be nursed without restrictions with non-infected cases.

Cohort ward or bay
A ward or bay within a ward, with dedicated toilet facilities, where patients of similar status can be grouped, eg all infected cases together, or all quarantined cases together.

Side room isolation
The provision of isolation facilities, with/without en suite toilets, for infected cases.

Terminal clean
The cleaning of rooms, bays or wards to a very high standard, according to the protocol included at Appendix 6, after resolution of infection or vacation by infected cases. The level of clean required is denoted by the organism and whether or not the area is vacated or occupied and will either be a RED clean using Hydrogen Peroxide Vapour (HPV) in vacated rooms/bays, VIOLET using Ultra-Violet-c (UV-c) or an AMBER clean using Chlorine Dioxide (Tristel) in occupied areas.

Period of Increased Incidence (PII)
A PII is an increase in the numbers of patients presenting with symptoms which could be due to a given infection over a short period of time in a particular area. This may be due to chance. This observation will prompt heightened surveillance until the significance is established.

Definition of an Outbreak
An outbreak of infection can be defined as an increase in cases against the normal background levels of an organism/disease. When the background level of an organism/infection for the facility or organisation is normally zero, or a single case has serious potential public health consequences, one case can and should be declared as an outbreak and an Outbreak Control Team formed.

An outbreak may be considered major either due to the number of cases or because of the seriousness of the disease.

Outbreaks of infection may vary widely in extent and severity. This procedure defines the structure for the recognition and management of these situations. Note in the event of pandemic influenza the principles of this plan are applied.

Ward closed signage is available from the IPT.

DO NOT CONFUSE “SEASONAL” AND “PANDEMIC” FLU. Pandemic flu is a National and International major incident. Hospitals and CCGs across the Country will have to take specific action to cope with significantly higher activity than normal. Seasonal flu occurs most years and is normally dealt with under normal capacity management procedures

2.0 Recognition of an Outbreak or Incident

- The rapid recognition of outbreaks is one of the most important objectives of routine surveillance

- Outbreaks may be identified by the Infection Prevention Team and Microbiology Laboratory, or by nursing and medical staff, volunteers or students working in the clinical area, particularly if the onset is rapid and affects a significant number of patients.

- It is not possible to be precise in defining what constitutes an Outbreak of Infection. In practice, it is an episode of infection in which there is evidence of spread (clinically, microbiologically or epidemiologically) linked in time or location and of sufficient seriousness to demand immediate action.

- The number of cases that constitute an outbreak will vary with the type of disease. For rare diseases such as possible hospital-acquired Legionella, or Diphtheria, one case would constitute taking action as in an outbreak.

For gastrointestinal infection causing diarrhoea and/or vomiting, two or more cases occurring at the same time and with a geographical or epidemiological connection would constitute a possible outbreak. In the case of viral gastroenteritis, symptoms among staff as well as patients is suggestive of an outbreak, as is the sudden onset of symptoms, including projectile vomiting.

3.1 Declaration of an Outbreak

i. A suspected outbreak is initially investigated by the IPT. This includes determining the number of individuals affected, symptoms, likely source and mode of spread
ii. Information gathered allows an assessment of the severity of the problem and initiation of immediate control measures
iii. On the basis of the initial investigations the IPT will decide whether there is possibly a major outbreak. This will depend on the number of individuals affected, the identity of a causative organism and the speed of onset. The outbreak will be classed as levels 1, 2 or 3 (see below). Ward closure signage can be found o nthe intranet.
iv. If it is found that no outbreak exists, ward staff will be reassured and care taken to ensure they are not discouraged from further reporting in the future
v. Declaration of a Period of Increased Incidence (PII) may be made if the Infection Prevention Team have concerns about an increased number of cases of infection within an area, where it is unclear if the cases are likely to be linked or if an outbreak exists. Control measures will be advised and further investigation performed. The situation will then either be de-escalated, or an outbreak will be declared.

Outbreaks will be categorised as:

LEVEL 1 (Ward level)
An outbreak in a single ward / department.

LEVEL 2 (Hospital level)
An outbreak that extends across multiple areas of a site/hospital, or affecting an entire site / hospital. This will impact operational capacity.

LEVEL 3 (Trust wide)
An outbreak affecting multiple sites across WAHTs, or which presents a significant risk to a large number of patients, staff or visitors, and/or requires significant control measures such as the closure of a large number of wards / areas and/or threatens WAHTs ability to meet its emergency or elective commitments.

Note – Norovirus outbreak
In the absence of laboratory confirmation, the following criteria can be used as an indicator of a Norovirus outbreak:

- **1)** average duration of illness of 12 to 60 hours
- **2)** average incubation period of 24 to 48 hours
- **3)** more than 50% of people with vomiting, **AND**
- **4)** no bacterial agent found.

External Declaration of an Outbreak:
The source of an external activation will depend on the nature of the outbreak. The following are the likely sources:

Health Protection Unit Consultant in Communicable Disease Control
Clinical Commissioning Groups (CCG)
Public Health England
NHSei

Notification may be through the ICD or Chief Executive or deputy. If a member of staff becomes aware of an external incident and the Trust has not yet been notified, they should report the outbreak to a member of the IPT as per internal activation arrangements.

In both these circumstances the outbreak will be notified to relevant external agencies in particular the Public Health England, the CCG and NHSi, and an incident form generated to alert Risk Services.

Responsibility and Duties

Key Staff Responsibilities Post	Responsibilities
• **Director of Nursing/ Director of Infection Prevention and Control/Deputy Director of Infection Prevention and Control**	The lead Executive Director responsibility for IPC and will delegate local operational responsibility to Deputy Directors of Nursing, Matrons and Ward Managers. The DIPC/DDIPC will delegate responsibility for instigating ward closures to the IPT.
• **Consultant Microbiologist/ Infection Control Doctor (ICD)**	Will take day to day responsibility for declaration of ward closures.
	Will lead on management of ward closures,

• **Lead Infection Prevention Nurse**	from outset to stand down, with appropriate advice to clinical, nursing and facilities staff.
• **Infection Prevention Team (IPT)**	Will work at the direction of the lead nurse to ensure ward closures are managed appropriately and safely.
• **Individual Members of Staff**	All members of staff are required to follow advice and instructions of the infection prevention team with respect to actions related to outbreak management and ward closure.
• **Senior Managers**	If senior management consider that the instructions from the IPT must be over-ridden, they must take ultimate responsibility for the consequences.
• **Clinical Site Management Team/Bed Managers**	In the instance that a patient requires placement outside of their current situ then Clinical Site Managers/Bed Managers are to be contacted and asked to source a suitable placement.

4. Policy Detail

4.1 Objectives

The objectives of this plan are to ensure prompt action:

- To recognise a major outbreak of communicable disease and ensure prompt action to investigate and control such an outbreak
- To ensure that essential Trust activity continues
- To prevent its recurrence
- To maintain good communication with relevant agencies
- To maintain service continuity as far as is reasonably practicable

4.2 Guiding Principles

For effective and efficient management of an outbreak, this plan is based on the following principles:

- Personal responsibility of named individual members of the OCT for managing defined aspects of the outbreak
- Keeping the operation details of this plan up to date

4.3 Immediate action on suspecting an outbreak on the wards

Contact the Infection Prevention Team (IPT) if:

- An unusual infection is confirmed
- A number of patients and/or staff display symptoms of infection
- An unusually high number of 'common' infections are confirmed
- Inform the Senior Nurse/Clinical Site Manager

↓

Ensure infection prevention measures are in place, as directed by the IPT.
Prepare detailed information on affected cases, as directed by the IPT.
Follow any further instructions from the IPT.

↓

Check adequate supplies of disposables are available at ward level.
Make a list of any items you may need to place an order for.
Await the outcome of the outbreak control or incident meeting if one is held.

↓

Follow the advice and guidance of the IPT until the outbreak is declared over.
Notify the IPT of any difficulty in implementing the advice.

↓

IPT to consult with Site/Executive Lead as required to confirm a Level 2 or 3 outbreak

Core Membership at Different Escalation Levels

LEVEL 1. (Ward Level)
Outbreak meeting may include at a minimum:-
- Ward Sister/Deputy.
- Matron
- Infection Prevention Team
- Advice re closures and restriction of patient movement via email and at bed meeting

LEVEL 2 (Multi-Ward or Hospital Level)
Outbreak meeting may include at a minimum:-
- As above plus secondary care and site leads,
- Facilities
- Consultant Microbiologist
- Chair of the meeting should normally be a member of the site team.
- Action plan drawn up and instigated
- Advice re closures and restriction of patient movement via email and bed meeting

LEVEL 3 (WAHTs wide).

The IPT/Infection Control Doctor determine if a LEVEL 3 outbreak exists in collaboration with the site teams and the on-call Executive Directors. The Health Protection Team will be involved in discussions.

Consideration is given to the following:-

1. Number of people involved
   Pathogenicity of the organism involved
   Potential for spread within the hospital and community
   Impact upon the organisation and patients.

2. Whether site based, Trust wide or meetings attended by PHE are required to control the situation.
3. Whether business continuity plans need to be implemented
4. May consider the need for a helpline
5. Whether advice should be sought from external agencies.
6. Ensure that interim and final reports are completed and sent to UK Government including Datix and SI.

Terms of Reference and Membership of the OCG can be found at Appendix 2

4.4 Procedure for OCT meetings

(SeeTerms of reference and Membership: **Appendix 3**)

a) The DIPC will ensure the provision of adequate secretarial assistance (normally from within the IPT) to ensure accurate recording of all issues discussed and all decisions made by the Committee.

b) The Infection Prevention and Control Doctor will explain the reasons for convening the meeting.

c) The Chair will define responsibilities of individual team members (as detailed in the Action Cards, **Appendix 4**).

d) The dissemination of information from the meeting to various departments will be the responsibility of team members who should report back to the next meeting or ensure that a fully briefed member of their discipline attends.

e) In a Level 3 outbreak, formal consideration should be given to involvement of other authorities / departments, eg Severn Trent Water Company, neighbouring Trusts, HSE.

4.5 Agenda for OCT meetings

(See **Appendix 1**)

4.6 Actions and responsibilities of OCT members

A summary of actions and responsible officers is contained in **Appendix 4**. This details the actions required during the various phases of an outbreak. The OCT will review these actions in the light of information available at the time.

4.7 Communication

Reporting

If an outbreak or PII is declared this must be reported to the “outbreak notification list” as indicated in the table below.

Communication Distribution Groups	
PII Notification List (core content)	**Outbreak Notification List (core content)**
Consultant microbiologists	Consultant microbiologists
Chief Nursing Officer/DIPC/DDIPC	Chief Nursing Officer/DIPC/DDIPC
Chief Operating Officer	Chief Operating Officer
Deputy Directors of Nursing	Deputy Directors of Nursing
Head of Nursing Elective Care and Emergency Divisions	Head of Nursing Elective Care and Emergency Divisions
Infectious Diseases Consultants	Infectious Diseases Consultants
Infection Prevention Nurses	Infection Prevention Nurses
Matrons affected areas	Matrons Trust wide
Bed Capacity Team	Bed Capacity Team
Bed Managers	Bed Managers
Medical Director	Medical Director
Communications Team	Communications Team

Housekeeping Managers (including ISS)	Housekeeping Managers (including ISS)
Catering Manager (Alex and Kidderminster sites only)	Catering Manager (Alex and Kidderminster sites only)
Risk Services	Risk Services
Medical Directors Elective Care and Emergency Divisions	Medical Directors Elective Care and Emergency Divisions
Operations Manager Elective Care and Emergency Divisions	Operations Manager Elective Care and Emergency Divisions
Head of Facilities Alexandra and WRH sites	Head of Facilities Alexandra and WRH sites
Occupational Health	
NHSie representative	
Public Health England	

Ongoing Internal communication

- The OCT will issue regular briefings at intervals to be agreed dependent on the progress of the outbreak. Individual team members are responsible for disseminating this information in their respective areas. The intranet and Trust e-mails will also be routes of communication with staff. Heads of Department will be responsible for developing a system to ensure that staff who are working from home or who are not on duty are given updates either through telephone (land line or mobile) or internet contact.

External Communication

- The Trust Chief Executive (or deputy) or Trust Communications Officer will be responsible for the release of information to relatives of patients affected.
- The ICD / DIPC will be responsible for the provision of information to the Trust Chief Executive (or deputy) who will authorise the Trust Communications Officer to report to the Press.

No information concerning the outbreak will be released to the Press or public from other Trust staff.

4.8 Management of affected staff

In cases of staff forming part of the outbreak please refer to: Policy for Presumed Outbreaks of Viral Diarrhoea and Vomiting (WAHT-INF-013)

All request forms should be marked "Outbreak".

4.9 Service continuity and recovery

The Civil Contingencies Act 2004 (CCA) requires Category 1 responders to "continue to exercise their functions in the event of an emergency so far as is reasonably practicable". With this in mind, decisions to reduce activity should be made based on presenting conditions and not on a prescription written in a plan.

The Trust's Business Continuity Management Plans will be activated during a major outbreak to ensure that essential services are maintained but in considering the organization's ability to continue to work in the event of a major outbreak, the OCT will consider the following factors:

Demand
Capacity (staff & accommodation)
Supplies
Utilities

4.10 Defining the end of an outbreak and/or period of increased incidence

a) Declaration of the end of a PII or outbreak for Infection Prevention and Control (IPC). The definition is usually set on the basis of experience and the epidemiology of the organism involved.
b) For diarrhoea and vomiting/Norovirus this is usually 48 hours after the resolution of vomiting and/or diarrhoea in the last known case and at least 72 hours after the initial onset of the last new case.
c) This is also the point at which terminal cleaning takes place. Often, there are a small number of patients with persistent symptoms who should be segregated and cohort nursed (where possible) in order to facilitate a return to normal activity.

After the outbreak has been controlled, a final meeting of the OCT shall be held with the following objectives:

- To declare the outbreak over
- To review the experience of all participants involved in management of the outbreak
- To identify areas for improvement
- To recommend, if necessary, structural or procedural changes which would reduce the chance of recurrence of the outbreak, or improve the managmetn of future outbreaks

4.11 Interim and final reports

A final report will be produced at the end of the outbreak. This will usually be led by the Division involved, though may be led by the Infection Prevention Team if a number of Divisions are involved. The report is used to support the SI investigation in line with the Incident Reporting Policy and the 'Investigation, Analysis, Learning & Change Policy'.

5. Implementation

5.1 Plan for implementation

- Launch to Divisions where it will be discussed at Divisional Governance Meetings and this will be recorded in minutes taken
- Launch to Matrons at Senior Nurses Meeting, Ward Sisters and Infection Prevention Link Nurses at their relevant meetings for wider dissemination to ward and departmental nursing staff.
- Launch to all clinical staff through Trust Brief
- Launch to all medical collagues via Clinical Directors and presentation at relevant speciality meetings if requested.

5.2 Dissemination

- Instruction to all clinical staff of revised policy via weekly Trust Brief.
- Ward and departmental based clinical staff via Infection Prevention Link Nurses.
- Updated policy to be made available via the Trust Key Documents intranet page.

5.3 Training and awareness

It is a mandatory requirement that all new Trust employees must attend a Trust corporate induction programme, which includes IPC training. It is the responsibility of the line manager to ensure that IPC issues are covered in all local inductions and that this is documented.

It is a mandatory requirement that all clinical and non-clinical staff update their infection control training annually, either by attendance at a formal session, or using and completing online or e-learning reasources. It is the line manager’s responsibility to ensure that this occurs.

Different modalities are available to facilitate compliance with mandatory training requirements. These include attendance at formal lectures, ad hoc teacing, and access to online training. Records of staff training are kept centrally on the ESR database and locally by Directorates as required.

6. Monitoring and compliance

Monitoring of compliance will take place via reviews of outbreaks, in line with this policy.

Key areas of practice specific to this policy are indicated within the table below.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	Staff / IPCT recognition of signs of outbreak	Routine surveillance of HCAI and other infectious disease via daily checks on laboratory and ICNet surveillance systems.	Daily	ICD/IPN	Outbreaks reported to Trust Infection Prevention & Control Committee	In line with TIPCC cycle of business
	Serious incident investigation and reporting	Completion of outbreak investigation and report	In accordance with SI policy in event of major outbreak SI.	ICD/ DIPC/ DDIPC	Outcome and incident investigation reported to TIPCC.	In line with TIPCC cycle of business

7. Policy Review

This policy will be reviewed by the Trust Infection Prevention and Control Committee (TIPCC) triennially or sooner if required and updated as necessary.

8. References

	Code:
Policy for Presumed Outbreaks of Viral Diarrhoea and Vomiting	**WHAT-INF-013**
PHE Guidance for managing Norovirus Outbreaks in the Healthcare Setting: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322943/Guidance_for_managing_norovirus_outbreaks_in_healthcare_settings.pdf	
PHE Guidance on the Management of Influenza: https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis	

9. Background

9.1 Equality requirements

Please refer to supporting document 1

9.2 Financial risk assessment

Please refer to supporting document 2

9.3 Consultation

This key document has been circulated to key stakeholders and representative of the target audience for comment prior to finalisation before being submitted for approval by TIPCC

Name	Designation
Dr E Yates	Consultant Microbiologist and Infection Control Doctor
Dr E Yiannakis	Consultant Microbiologist and Infection Control Doctor
Dr M Ashcroft	Consultant Microbiologist
Dr C Catchpole	Consultant Microbiologist
Dr H Morton	Consultant Microbiologist
Dr T Gee	Consultant Microbiologist
Dr M Hallisey	Chief Medical Officer
Dr J Berlet	Divisional Medical Director - SCSD
Dr J Trevelyan	Divisional Medical Director - Medicine
Dr J Walton	Divisional Medical Director – Urgent Care
Dr P Rajjayabun	Divisional Medical Director - Surgery
Dr A Thomson	Divisional Medical Director – Women & Children’s
Dr M Ling	Consultant for Infectious Diseases
Dr M Roberts	Consultant for Infectious Diseases
Dr C Chatt	Consultant in Communicable Disease Control

Ms C Gregory	Health Protection Nurse (Public Health England)
Ms E Bridge	Head of Facilities
Mr S Noon	Principle Engineer
Ms T Cooper	Deputy Director of Infection Prevention and Control
Ms H Gentry	Lead Infection Prevention and Control Nurse
Mr I Johnston	Senior Infection Prevention and Control Nurse
Ms K Howles	Senior Infection Prevention and Control Nurse
Ms A Roxburgh-Powell	Infection Prevention and Control Nurse
Ms J Jacob	Infection Prevention and Control Nurse
Ms S Pitts	Infection Prevention and Control Nurse
Ms R Pitts	Infection Prevention and Control Nurse
Ms M McDonald	Infection Prevention and Control Nurse
Mr N Jones	Infection Prevention and Control Nurse
Ms R Davis	Occupational Health Manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Name	Committee
Ms V Morris	Trust Infection Prevention and Control Committee(TIPCC)
	Circulated to all members of TIPCC

9.4 Approval Process

This policy will be approved by the Trust Infection Prevention and Control Committee.

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire and Worcestershire Safe and effective health and care services

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:**			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	❑ ❑ ❑ ❑	Service User Patient Carers Visitors	❑ ❑ ❑ ❑	Staff Communities Other ________________________
Is this:	❑ Review of an existing activity ❑ New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other				

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval