**EQUALITY IMPACT ASSESSMENT – SCREENING FORM**

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| **1. Title of document/service for assessment** | Policy for the use of Isoprenaline injection |
| **2. Date of assessment** | April 2017 |
| **3. Date for review** | April 2020 |
| **4. Directorate/Service** | Trust-wide |
| **5. Approval Committee** | D&TC |

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| --- | --- | --- |
|  | **Yes/No** | **Rationale** |
| **6. Does the document/service affect one group less or more favourably than another on the****basis of:** |
|  Race | No |  |
|  Gender (including transgender) | No |  |
|  Religion or belief | No |  |
|  Sexual orientation, to include heterosexual, lesbian, gay and bisexual people | No |  |
|  Age | No |  |
|  Disability – learning disabilities, physical disabilities, sensory impairment and mental health issues | No |  |
|  Marriage and Civil Partnership | No |  |
|  Pregnancy and Maternity | No |  |
| **7. Does this document affect an individual’s human rights?** | No |  |
| **8. If you have identified potential discrimination, are the exceptions valid, legal and/or justified?** | N/A |  |

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| --- | --- | --- |
| **9. If the answers to any of the above questions is ‘yes’****then:** | **Tick** | **Rationale** |
| Demonstrate that such a disadvantage or advantage canbe justified or is valid |  |  |
| Adjust the policy to remove disadvantage identified orbetter promote equality |  |  |
| If neither of the above possible, submit to DiversityCommittee for review. |  |  |

**10. Screener(s)**

**Print name**: Jacqui Bowden

**11. Date Policy approved by**

**Committee**

April 2017

**12. Upon completion of the screening and approval by Committee, this document should be uploaded to papertrail.**