

Equality & Health Impact Assessment for

Aseptic non touch technique (ANTT) Policy – local PHW adoption of all-Wales model policy.

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Not applicable.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality, Nursing and Allied Health Professionals Directorate. Jennie Leleux, Lead Nurse for Infection Prevention & Control jennie.leleux2@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Objective is to provide a Standardised approach to the roll out of ANTT across Wales & to provide clarity of individual and Health Board/Trust roles & responsibilities in implementing & sustaining ANTT principles to all staff who perform asepsis within their healthcare setting.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings 	The draft model policy was shared with all Infection Prevention Teams and nominated ANTT leads across Wales, all members of ANTT steering group & subgroup members (Primary & Community Care subgroup & HEI subgroup), all members of the Healthcare associated infection (HCAI) programme, PHW and Health Protection Team, PHW, during policy development from August

	<ul style="list-style-type: none"> • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>2016 to December 2016, all comments, where applicable & appropriate, incorporated into final draft.</p> <p>Also, it was shared with Stephen Rowley, Clinical Director for Association for Safe Aseptic Practice, between September 2016 & December 2016, and comments received incorporated into the policy.</p> <p>Literature review undertaken & ANTT document review undertaken (ANTT principles provided by Stephen Rowley already available on PHW intranet site for all staff to access)</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>This model policy is applicable in all settings that provide healthcare to patients and/or service users and to all healthcare workers (HCW) who perform a clinical procedure that requires an aseptic technique.</p>

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Potential positive impact is reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	

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6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	The policy should not have an impact on disability. Consent should be sought from the service user or the authorised guardian after full explanation of the need/procedure. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Potential positive impact is reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	
6.3 People of different genders:	Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with	All healthcare staff to have completed ANTT e learning & practical	

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Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	reduced risk of healthcare-associated infection for all age groups and all genders receiving care requiring asepsis	assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	
6.4 People who are married or who have a civil partner.	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate.	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure	

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	Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	adequate training & support tools available to achieve this.	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	

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	age groups receiving care requiring asepsis		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate.</p> <p>Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis</p>	<p>All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.</p>	
6.7 People with a religion or belief or with no religion or belief.	<p>The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any</p>	<p>All healthcare staff to have completed ANTT e learning & practical assessment & be</p>	

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The term 'religion' includes a religious or philosophical belief	invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Expected positive impact is improvement in healthcare	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training &	

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	worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	support tools available to achieve this.	
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	

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6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate.	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Expected positive impact is improvement in healthcare	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training &	

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	worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	support tools available to achieve this.	
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	The local PHW ANTT Policy will be produced in both English and Welsh and therefore will not discriminate against any person who wishes to communicate in Welsh. However, there may be a delay in the availability of copies in both languages	Require Translation services to convert the document into Welsh for publication. If communication is required in Welsh then access to translation services will be required.	To translate document as per PHW policy.

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	due to translation service timescales. Infection Prevention & Control & ANTT contains specialised language. If verbal communication is required in Welsh, a specialised translation service may be required.		
Treating the Welsh language no less favourably than the English language	The ANTT policy will be produced in both English and Welsh.	Require Translation services to convert the document into Welsh for publication.	To translate document as per PHW policy.

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)

- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
No groups are identified as being negatively impacted by this policy.	Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
<p>7.2 Lifestyles</p> <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.3 Social and community influences on health</p> <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>

<p>7.4 Mental Wellbeing</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.5 Living/ environmental conditions affecting health</p> <ul style="list-style-type: none"> • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.6 Economic conditions affecting health</p> <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>

<ul style="list-style-type: none"> • Workplace conditions i.e. environment culture, H&S 	<p>services, and will protect the health of both staff and service users.</p>			
<p>7.7 Access and quality of services</p> <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>

Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.	No actions required.	-		

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).