

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM RECOMMENDATIONS

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equality issues have been considered in the recommendations of a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues identified in the scope have been addressed in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the National Collaborating Centre and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is submitted with the final guideline, signed by the NCC Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the the guideline lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men
<p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹. Definitions of age groups may vary according to policy or other context.</p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
<p>Religion and belief</p>
<p>Socio-economic status</p> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p>Other categories²</p> <ul style="list-style-type: none"> • Travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>². This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: RECOMMENDATIONS

Guideline title: Infection prevention and control of healthcare-associated infections in primary and community care

1. Have the equality areas identified in the scope as needing attention been addressed in the guideline?

Please confirm whether

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equalities issues.
Please note this also applies to consensus work in or outside the GDG
- the development group has considered these areas in their discussions

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

The guideline considers all adult patients and children aged one or over who receive healthcare in primary or community settings irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation & gender identity or socio-economic status.

Stakeholders highlighted issues regarding the use of alcohol containing products in ethnic minority groups and increased infection risk with population groups that lack mental capacity. The GDG considered these issues when making recommendations.

Examples of recommendations where specific equality issues were considered:

Decontaminate hands preferably with a handrub (conforming to current British Standards), except in the following circumstances, when liquid soap and water must be used:

- when hands are visibly soiled or potentially contaminated with body fluids or
- in clinical situations where there is potential for the spread of alcohol-resistant organisms (such as *Clostridium difficile*, or other organisms that cause diarrhoea). [new 2012]

The GDG also discussed that there might be concerns about using handrubs that contain alcohol. It is important that patients are aware of the pros and cons of using these products. If religious beliefs are a source of concern, the patients should be aware of the official stand of religious bodies about the product. When information is available, it will be useful to direct the patients to these information sources to clarify the positions. For example, the official position of Muslim Councils of Britain is that "*External application of synthetic alcohol gel..... is considered permissible within the remit of infection control because (a) it is not an intoxicant and (b) the alcohol used in the gels is synthetic, i.e., not derived from fermented fruit. Alcohol gel is widely used throughout Islamic countries in health care setting*".

The GDG also considered wheelchair users and whether specific advice should be given regarding hand hygiene. They considered that hand hygiene was equally important for

wheelchair users as it is for all patients and that specific advice was not needed for this group.

Healthcare workers should ensure that their hands can be decontaminated throughout the duration of clinical work by:

- being bare below the elbow
- removing wrist and hand jewellery
- making sure that fingernails are short, clean and free of nail polish
- covering cuts and abrasions with waterproof dressings. [new 2012]

The GDG discussed that exposure of the forearms is not acceptable to some staff because of their Islamic faith. However, the Muslim Spiritual Care Provision in the NHS have issued guidance along with multi-faith representatives, Department of Health and NSH employers{DOH2010A} to ensure that local dress code policies are sensitive to the obligations of Muslims and other faith groups whilst maintaining equivalent standards of hygiene. This states that uniforms may include provision for sleeves that can be full length when staff are not engaged in direct patient care activity, uniforms can have three-quarter length sleeves, but that any full or three-quarter length sleeves must not be loose or dangling. Sleeves must be able to be rolled or pulled back and kept securely in place during hand washing and direct patient care activity. Also, disposable over-sleeves, elasticated at the elbow and wrist, may be used but must be put on and discarded in exactly the same way as disposable gloves. Strict procedures for washing hands and wrists must still be observed. Because the advice for different cultural groups regarding hand hygiene remains the same despite sensitivities to cultural or faith dress requirements, the GDG did not feel that a separate recommendation was necessary to address the issues outlined above.

Offer a choice of either single-use hydrophilic or gel reservoir catheters for intermittent self catheterisation. [new 2012]

In drafting the revised recommendation, the GDG noted the following issues of importance: The GDG feel it important to consider privacy and dignity issues when recommending a type of intermittent catheter and considered issues such as shared toilets in work places or other public spaces. The GDG considered that during the healthcare worker's assessment of the patient (see recommendation 36: 'Following assessment, the best approach to catheterisation that takes account of clinical need, anticipated duration of catheterisation, patient preference and risk of infection should be selected' [2003]), they would discuss the choice of catheter that would appropriately maintain their patient's independence and not restrict their everyday activities. The GDG thought the patient's physical ability, including problems with manual dexterity or mobility, including wheelchair users, should be taken into consideration. The GDG considered the issues that wheelchair users may face in being able to catheterise.

The GDG also considered the social impact upon children and young people of non-coated catheters for multiple use. Children and young people requiring intermittent self-catheterisation may have difficulties accessing adequate facilities to wash, dry and store their catheters. The GDG recognised the difficulties in ensuring privacy and dignity where shared toilet facilities are used, such as in schools and colleges. Even where these facilities are provided and accessed, issues such as peer pressure and embarrassment in schools could have an adverse impact on the child or young person's self-esteem, and potentially reduce compliance with intermittent catheterisation and appropriate hygiene and storage of the catheter.

Other equality issues such as cognitive and visual impairment would be taken into consideration prior to selecting an intermittent catheter, when assessing the patient for type of catheterisation (see recommendation 36:). The GDG also considered gender when making this recommendation and differences in women's physiology compared to men.

2. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- Does access to the intervention depend on membership of a specific group?
- Does using a particular test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No, the GDG ensured that it was possible for all healthcare workers and patients to follow these recommendations, please see examples in point 1.

3. Do the recommendations promote equality?

Please state if the recommendations are formulated so as to promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups?

Yes, we believe these recommendations promote equalities for patients in primary and community care.

