

## ASHFORD &amp; ST. PETER'S HOSPITAL NHS TRUST

**Equality Impact Assessment Summary****Name:** Alison Roche, Hospital Transfusion Practitioner**Policy/Service:** Administration of Blood and Blood Products

<b>Background</b>					
<ul style="list-style-type: none"> <li>• <b>Description of the aims of the policy</b></li> <li>• <b>Context in which the policy operates</b></li> <li>• <b>Who was involved in the Equality Impact Assessment</b></li> </ul>					
<ul style="list-style-type: none"> <li>• The aim of this policy is to ensure any patient receiving blood products will do so in a safe manner and any adverse event will be detected, treated and recorded promptly.</li> <li>• This policy covers the requesting, prescription, storage, collection and administration of blood within Ashford &amp; St Peter's Hospital NHS Trust. It is intended to assist staff in providing a safe and effective service to patients.</li> <li>• This policy will apply to all personnel within the Trust who are involved in the process of transfusion of blood, and all staff who are involved in the process of implementing and disseminating hospital policy</li> <li>• Those involved: Hospital Transfusion Committee; Hospital Transfusion Team; Clinical Lead for Transfusion; Hospital Transfusion Practitioner; Matron's; Clinical Practice Educator's; CSNP's; Jehovah's Witness Hospital Liaison Committee; Haematology Specialist Nurse;</li> </ul>					
<b>Methodology</b>					
<ul style="list-style-type: none"> <li>• A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)</li> <li>• The data sources and any other information used</li> <li>• The consultation that was carried out (who, why and how?)</li> </ul>					
<ul style="list-style-type: none"> <li>• The existing guidelines were reviewed by the HTP to assess whether any patient groups would be excluded from this area of care.</li> <li>• Patient suitability for the administration is determined by clinical need and verbal consent to treatment is gained prior to transfusion.</li> <li>• Any patient for whom blood products are not appropriate or declined is offered alternative treatment or is counseled on the impact of declining treatment where the alternatives are not acceptable. <i>Examples:</i> Jehovah's Witness patients or individuals refusing blood products may be offered iron supplementation, clotting factors, synthetic volume expanders, or other appropriate interventions; Palliative care patients in the terminal phase of their illness.</li> <li>• Blood administration policies from other trusts using similar techniques were reviewed although none included an explicit EIA process. Issues relevant to equalities groups were addressed within these policies in an equivalent way to this policy.</li> <li>• The consultation included other members of the Hospital Transfusion Team and selected groups of staff involved in the clinical setting with blood transfusion, these groups are listed above.</li> </ul>					
<b>Key Findings</b>					

Volume 8 Patient Care		First Ratified June 1999	Last Review September 2009	Issue 4	Page 57 of 58
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- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

Three issues have been identified within the policy as having impact for equalities groups. These issues are

- The ability to consent to receive a blood transfusion in people without the mental capacity to make an informed decision.
- Transfusion triggers, particularly in the care of terminally ill patients where the decision to transfuse/not to transfuse is unlikely to be dependent upon transfusion triggers but upon symptomatology
- Jehovah's Witness and other patients may choose to refuse or decline the transfusion of a blood product and whilst in the case of Jehovah's Witness patients there are overarching beliefs regarding this, the decision to accept or decline a blood transfusion is still a personal one and the assumption of refusal of blood products should not be made without discussion with the patient or their representative.
- There are no adverse or potentially adverse impacts for any other equalities groups

### **Conclusion**

- Provide a summary of the overall conclusions
- This policy will not have any impact with regards to race and ethnic origin, gender, culture, or sexual orientation.
- There is a potential for issues around disability and religious/personal beliefs which are addressed with consent and counselling of patients and respect for their decision regarding treatment – as addressed within this document.

### **Recommendations**

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment
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- Include any prospectively identified equality issues associated with document in next update (2 years).
- This assessment is to be reviewed and updated in conjunction with the policy review and update process (2 years).