Infection Control Guidelines for Preventing and Controlling Blood-Borne Virus Infection in Haemodialysis Units

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Please specify standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information

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<th>Strategic Directions – Key Milestones</th>
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<td>Monitor/Finance/Performance</td>
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Note: This document has been assessed for any equality, diversity or human rights implications

Controlled document

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<table>
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<th>Date</th>
<th>Author (Title not name)</th>
<th>Reason</th>
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**Associated Policies:**
- Uniform and Workwear Policy
- Standard Infection Control Procedures & Policy including Hand Hygiene
- Decontamination Policy and Procedures

**Guidelines circulated to the following for consultation**
- Renal Consultants 01.04.2014
- Matrons of Haemodialysis Units 01.04.2014
- Consultant Microbiologist 01.04.2014
- Lead Nurse Infection Prevention & Control 01.04.2014
- Infection Control Operational Group 24.04.2014
- Policy Expert Panel 01.12.2014

**Review Date (Within 3 years)**
- July 2017

**Contact for Review:**
- Lead Nurse, Infection Prevention and Control

**Executive Lead Signature:**
- N/A
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1. INTRODUCTION

1.1 Blood-borne viruses (BBVs) are, following a number of documented outbreaks, a recognised hazard for dialysis patients and staff. The viruses that present an infection hazard in renal units include hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). These guidelines are based on the Department of Health Good Practice Guidelines for Renal Dialysis/Transplantation Units (2002) (Department of Health, 2002).

2. PURPOSE

2.1 The purpose of the guidance is to prevent the transmission of blood-borne viruses within renal haemodialysis units; this may also apply to other units where haemodialysis is undertaken. Within this document the Royal Devon and Exeter NHS Foundation Trust hereafter shall be referred to as the “Trust”.

3. DEFINITIONS

3.1 Refer to Introduction for definitions on blood-borne viruses.

4. DUTIES AND RESPONSIBILITIES OF STAFF

4.1 Infection Prevention and Control team (IPCT) is responsible for:

- Advising that patients with BBVs undergoing haemodialysis are isolated appropriately and that equipment decontamination procedures are followed
- Acting as a resource for best practice for clinical staff

4.2 Assistant Directors of Nursing & Senior Nurses are responsible for:

- Ensuring that all relevant nursing staff are aware of this guidance and related policies
- Contributing to outbreak investigations where a failure to comply with this guidance has occurred
- Ensuring that staffing levels facilitate the necessary infection control precautions

4.3 Ward/Haemodialysis Unit Matrons are responsible for:

- Ensuring that assessments are performed to determine BBV risk
- Ensuring patients with known or suspected BBV’s are managed appropriately during treatment
- Ensuring that hand hygiene, use of Personal Protective Equipment (PPE) and environmental hygiene standards are maintained to reduce the risk of transmission of infection
- Ensuring that patients are provided with adequate information regarding the need for blood testing and isolation precautions.
- Ensuring bed space/dialysis stations are decontaminated according to guidance.

4.4 Medical Directors and Associate Medical Directors are responsible for:

- Ensuring that relevant medical staff are aware of this guidance
- Ensuring that medical staff maintain high standards in performance of hand hygiene and use of appropriate PPE to protect themselves and other patients/staff from BBV transmission
4.5 Other Medical and Nursing Staff are responsible for:
- Maintaining standards of hand hygiene and use of PPE for the prevention of transmission of infection

4.6 Microbiology Department is responsible for:
- Providing a diagnostic and clinical advice service for BBV monitoring
- Ensuring that results are communicated promptly to clinical teams
- Ensuring all microbiologically diagnosed notifiable BBV’s are communicated to PHE

4.7 Site Management Team is responsible for:
- Assisting ward staff to identify single room accommodation for patients with suspected or confirmed BBV that require isolation for haemodialysis in the Acute Trust
- Ensuring that assessments are performed to determine BBV risk

4.8 Housekeepers and Domestic Services
House keepers and domestic service assistants are responsible for:
- Routinely maintaining a clean environment to reduce level of environmental contamination.
- Providing terminal cleaning/disinfection of vacated bed spaces/isolation rooms on discharge/transfer of patients.

4.9 All Staff have a personal and corporate obligation to comply with best practice in the prevention of infection and comply with this and all other related policies.

5. GUIDANCE

5.1 General Information

5.1.1 HBV is caused by a hepadnavirus. Most infections are mild, but in a few cases result in liver damage that may be fatal. Between 2 and 10% of those infected do not completely eliminate the virus and become chronic carriers. The virus is detected by testing the blood for surface antigens (HBsAg). Infectivity is closely associated with the presence of the e-antigen (HBeAg), which indicates that active viral replication is occurring.

5.1.2 HCV is caused by a flavivirus. Primary infection is mild, often asymptomatic and rarely associated with jaundice. About 80% of those infected become chronic carriers of the virus and a significant proportion develop liver disease and cirrhosis. Diagnosis relies on the detection of the specific antibody (IgG).

5.1.3 HIV is a retrovirus. The virus contains an enzyme 'reverse transcriptase'. Two distinctive forms of HIV have been identified: HIV-1 occurs throughout the world, while HIV-2 has been found primarily in West Africa. HIV infection is diagnosed by detecting viral antigens and antibodies.
5.2 Transmission

5.2.1 Blood-borne viruses are transmitted through infected body fluids; transmission occurs by inoculation, via sharps, broken skin or through contact with mucous membranes. The risk of transmission of BBVs following a single percutaneous exposure is estimated to be:

- HBV 1 in 3
- HCV 1 in 30
- HIV 1 in 300

5.3 Incubation period

- HBV Between 2 and 3 months, although it may be as long as 6 months
- HCV Up to 3 months
- HIV 3 months

5.4 Testing for BBV

5.4.1 Patients undergoing renal dialysis should be tested for BBV as soon as it is anticipated that dialysis may be required. The patient’s informed consent to testing must be obtained; any patients who withhold consent should be managed as though they are BBV positive.

5.4.2 New patients or re-admissions to the dialysis program should be tested for HbsAg, HCV antibody and HIV antibody unless they have been tested in the month before admission.

5.4.3 Regular Patient testing for those receiving on-going dialysis are tested three monthly for HBsAg and HCV; HIV antibody testing should be based on risk assessment.

5.4.4 Holiday dialysis includes patients who have dialysed outside the UK and those who are holidaying in the UK from abroad. All patients should be tested for HBsAg and HCV antibody. The decision to HIV test should be based on risk assessment; undertaken by a senior member of the medical team. These patients should be treated as having unknown status, until the results are known. (see appendix 3) Very occasionally the situation may arise where the partner of a patient who dialyses, has received dialysis themselves in a country considered to have a higher risk of blood borne viruses. In this event a risk assessment will be required. If it is thought that there is the potential for BBV spread between partners, both should be managed as having potential exposure.

5.5 Immunisation of Patients against HBV

5.5.1 Immunisation against HBV is recommended for all renal dialysis patients. Patients with chronic renal failure should be immunised as soon as it is anticipated that dialysis may be required, guidance on the immunisation process is provided in appendix 1.
5.6 Multi-use vials

5.6.1 There is a potential for cross infection with the use of multi use vials, therefore these should not be used.

5.7 Standard Infection Control Precautions

5.7.1 Standard infection control precautions (refer to Trust policy Standard Infection Control Procedures & Policy including Hand Hygiene should be used in the care of all patients. Additionally, for dialysis patients other precautions need to be undertaken.

5.8 Personal Protective Equipment

5.8.1 In addition to the use of gloves and apron, eye protection (visors) is required when splashing or aerosols of blood or body fluids are possible. Eye protection must be cleaned after use by washing in liquid detergent solution, followed by thorough drying or using a detergent wipe.

5.9 Decontamination

5.9.1 In addition to the Trust decontamination policy and procedures, the cleaning of dialysis machines will depend on the patients BBV status; each dialysis machine must be decontaminated after individual patient use, using the following protocol:

5.9.2 Machines should be rinse-drained.

5.9.3 The outer surface of the machine should be wiped over thoroughly using detergent wipes.

5.9.4 In addition once each day, the haemodialysis machines outer surface and the entire haemodialysis station (chair and table) should also be wiped over thoroughly using a disposable cloth impregnated with a chlorine releasing agent (1000ppm). Suitable products include Chlor–Clean which combines the detergent action and chlorine releasing agent.

5.9.5 At the end of each day, all Gambro haemodialysis machines must be heat-disinfected using internal citrate disinfection (clean cart C). The Freenius 5008 Cordiax machine uses Citrosteril as part of the heat disinfectant programme after each treatment and consequently does not require additional daily internal disinfection. In addition all haemodialysis machines must be heat disinfected once a week using internal hypochlorite disinfection (clean cart A for Gambro and Sporotal for the Fresenius machine).

NB clean cart C should always precede Clean cart A when performed together

5.9.6 Single use disposable equipment used for the dialysis machines is disposed of as clinical waste.

5.9.7 In the event of rupture of a dialyser, the machine components that may have become contaminated with blood should be replaced or decontaminated by heat disinfection methods, in accordance with the manufacturers recommendations.
### 5.10 Management of Patients with known BBV and Patients of unknown status

5.10.1 In addition to standard infection control precautions, the following additional precautions must be undertaken for patients who are; HBsAg, HCV or HIV positive, or have no documented evidence of a negative test in the last 3 months Refer to [appendix 2](#) for further guidance.

5.10.2 Hepatitis B surface antigen (HBsAg) positive patients must always use a single patient dedicated machine. If used on an in-patient this should be kept in the patient’s room. Otherwise, it must be clearly labelled for that patient use only and after each use be returned to the storage area after surface and internal heat disinfection (Clean Cart C & A for the Gambro machines or Citrosteril followed by Sporotal disinfection for the Fresenius machines).

5.10.3 Patients who are either hepatitis C (HCV) or HIV positive do not require a dedicated dialysis machine. However, the machine must receive surface and internal disinfection (run clean cart C and A for Gambro and equivalent for Fresenius – refer to [appendix 2](#)) immediately after use.

5.10.4 A dedicated haemodialysis machine can be returned back to general service use when no longer required (e.g. following transplantation, death of a patient), or required urgently, after surface disinfection (detergent and chlorine 1000ppm) and internal disinfection procedures have been carried out (run clean cart C and A for Gambro or equivalent for Fresenius machines).

### 5.11 Isolation

5.11.1 Patients with HBsAg, HCV or HIV positive result, or no documented evidence of a negative test in the last 3 months, should be dialysed in a single room, (refer to [appendix 2](#) for further guidance). The room may be used for other patients after thorough disinfection (terminal cleaning).

5.11.2 For Patient’s HBV positive or unknown status, during dialysis restrict Staff movement from the single room to a minimum, by allocating a dedicated nurse.

### 5.12 Staff Health

5.12.1 Staff taking up employment with the Trust will have their Hepatitis B immune status checked. Non immune staff will be immunised.

5.12.2 Infectious carriers of hepatitis B, i.e. those who are either HBeAg (hepatitis B e antigen) positive or HBeAg negative with DNA levels exceeding $10^3$ genome equivalents per ml, should not undertake clinical duties on renal dialysis units.

5.12.3 Such restrictions do not apply to staff having no close patient contact e.g. secretarial or laboratory staff.

5.12.4 Routine activities undertaken by staff in renal dialysis units would not normally fall within the definition of exposure prone procedures. Therefore staff who are HCV or HIV infected would not necessarily be excluded from working within renal units.
6. ARCHIVING ARRANGEMENTS
The original of this guideline will remain with the author, infection control nurse specialist. An electronic copy will be maintained on the Trust Intranet, P – Policies – H – Haemodialysis units - Infection Control Guidelines for Preventing & Controlling Blood-Borne Virus Infection In. Archived copies will be stored on the Trust's “archived policies” shared drive, and will be held for 10 years.

7. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE GUIDELINE

7.1 In order to monitor compliance with this guideline, the auditable standards will be monitored as follows:

<table>
<thead>
<tr>
<th>No</th>
<th>Minimum Requirements</th>
<th>Evidenced by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Patients are appropriately placed on wards so as to minimise the risk to themselves and others</td>
<td>Annual audit of patients placement</td>
</tr>
</tbody>
</table>

7.2 Frequency
The Infection Prevention and Control team will undertake an annual audit of patient placement which includes the appropriate placement of patients who are known or suspected BBV carriers and undergoing haemodialysis as an inpatient.

7.3 Undertaken by
Monitoring will be undertaken by the Infection Prevention and Control Team.

7.4 Dissemination of Results
Audit results will be disseminated at the Infection Control Operational Group (ICOG) which is held 6 weekly and the Infection Control and Decontamination Assurance group which is held quarterly.

7.5 Recommendations/ Action Plans
Implementation of the recommendations and action plan will be monitored by ICOG which meets 6 weekly.

7.6 Any barriers to implementation will be risk-assessed and added to the risk register.

7.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Managers' cascade system.

8. REFERENCES
9. **BIBLIOGRAPHY**


10. **ASSOCIATED TRUST POLICIES**

   - **Uniform and Workwear Policy**
   - **Standard Infection Control Procedures & Policy including Hand Hygiene**
   - **Decontamination Policy and Procedures**
APPENDIX 1: EXETER & SATELLITE KIDNEY UNIT PATIENT HEPATITIS B IMMUNISATION GUIDELINES

EXETER & SATELLITE KIDNEY UNIT
PATIENT HEPATITIS B IMMUNISATION GUIDELINES

INITIAL four dose course

MONTH 0 – FENDRIX 20 mcg
MONTH 1 – FENDRIX 20 mcg
MONTH 2 – FENDRIX 20 mcg
MONTH 6 – FENDRIX 20 mcg

AT MONTH 10
CHECK IMMUNITY (TITRE)
Using brown blood bottle and virology request form

ANTIBODY LEVEL (TITRE)

NON IMMUNE
Level <10 iu/ml

WEAKLY IMMUNE
Level 10-99 iu/ml

IMMUNE
Level >99 iu/ml

GIVE BOOSTER DOSE
FENDRIX 20 mcg

CHECK IMMUNITY LEVEL ANNUALLY
APPENDIX 2: INFECTION CONTROL PROTOCOL FOR CONTROLLING BLOOD-BORNE VIRUS INFECTIONS IN HAEMODIALYSIS UNITS MONTHLY CHECK OF HEPATITIS B AND C RESULTS

<table>
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<th>Does the patient have a negative Hepatitis B result recorded within the last 3 months?</th>
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<th>NO</th>
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<td>YES</td>
<td>Does the Patient have a negative Hepatitis C result recorded within the last 3 months?</td>
<td>YES</td>
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<td>Dialyse in a single room</td>
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<tr>
<td>NO</td>
<td>Decontamination Requirements</td>
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</tr>
<tr>
<td>YES</td>
<td>Dialyse in a single room</td>
<td>NO</td>
</tr>
<tr>
<td>NO</td>
<td>Decontamination Requirements</td>
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<tr>
<td>YES</td>
<td>Machine Usage</td>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
<td>Machine Usage</td>
<td>NO</td>
</tr>
</tbody>
</table>

- **Machine Usage**
  - Dedicate machine, to one patient, clearly labelled for that patient use

- **Disinfect all machine and equipment surfaces in side room using hypochlorite solution e.g. chlorclean**
  - Run internal citrate disinfection using clean cart C, followed by hypochlorite disinfection using clean cart A for Gambro or *equivalent for Fresenius machines

- **Decontamination Requirements**
  - After each patient use machines are rinse drained
  - Outer surface cleaned using detergent wipes
  - Daily disinfection clean of haemodialysis machine outer surface and entire station using hypochlorite solution e.g. chlorclean
  - End of each day machines undergo internal citrate disinfection (clean cart C for Gambro)
  - Once each week all machines are heat disinfected (clean cart A for Gambro or Sporotal for Fresenius)

*Citrosteril in place of cart C and Sporotal for cart A

Infection Control Guidelines for Preventing and Controlling Blood-Borne Virus Infection in Haemodialysis Units

Ratified by: Infection Control Operational Group: 24th April 2014

Review date: July 2017
APPENDIX 3: DIALYSIS PATIENTS RETURNING FROM TRAVEL ABROAD

There is a risk that a patient will contract a BBV (i.e. Hepatitis B, Hepatitis C and HIV) whilst being dialysed abroad. The risk depends on:

i) Prevalence of BBV infection in the country visited
http://www.hpa.org.uk/web/HPAweb&Page&MigrantHealthAutoList/Page/1271066169950

ii) Infection control practices in the dialysis unit where they were dialysing

In addition there is a risk that they will become colonised (in their GIT) with Carbapenemase-Producing –Enterobacteriaceae (CPE)

Action to take before they travel:
1. Discuss risks as above – inform them of the risks of the various BBV in the country they are intending to visit (website above)
2. Undertake screens as required by their holiday dialysis unit
3. Give the patient a Micro Lab request form “CPE screening in foreign traveller” and a Stool pot to bring in on their first dialysis on return from holiday.

Action to take on return from holiday:
1. Perform Risk Assessment:
   a. Document name and country location of Dialysis Unit
   b. Document infection control practices in the Unit eg ask patient if they were segregated when they were dialysed, use of PPE
   c. Look up country on website and document risks of each of the BBV in the patient’s notes. If low prevalence or equal risk to UK for all blood borne viruses (ie Hepatitis B, Hepatitis C and HIV) – manage as Low Risk; if intermediate or high prevalence for any of the BBV– manage as High Risk.
2. Perform initial BBV screen as detailed below
3. Send the stool sample to the lab for CPE screening
4. Check patients Hep B vaccine response from their notes (i.e. HBsAB level 1-4 months after primary vaccination course)
5. Categorise into 1 of the 3 groups below and follow screening guidelines:

<table>
<thead>
<tr>
<th>High Risk Country HB vaccine non-responder</th>
<th>High Risk Country HBsAb&gt;100</th>
<th>Low Risk Country</th>
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<tr>
<td>Initial screen on return for all patients</td>
<td>HCVAb, HBsAg, HBsAb, HCVRNA, HIV</td>
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<tr>
<td>2 weeks</td>
<td>HCVAb, HBsAg</td>
<td>HCVAb</td>
</tr>
<tr>
<td>4 weeks</td>
<td>HCVAb, HBsAg, HIV</td>
<td>HCVAb, HIV</td>
</tr>
<tr>
<td>6 weeks</td>
<td>HCVAb, HBsAg, HCVRNA, HBVDNA</td>
<td>HCVAb, HCVRNA, HBVDNA</td>
</tr>
<tr>
<td>Time</td>
<td>Tests Conducted</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>8 weeks</strong></td>
<td>HCVAb, HBsAg, HIV</td>
<td></td>
</tr>
<tr>
<td><strong>10 weeks</strong></td>
<td>HCVAb, HBsAg</td>
<td></td>
</tr>
<tr>
<td><strong>Final screen at 12 weeks</strong></td>
<td>HCVAb, HBsAg, HCVRNA, HBVDNA, HIV</td>
<td></td>
</tr>
</tbody>
</table>

HB = Hepatitis B  
HBsAb = Hepatitis B surface antibody  
HBsAg = Hepatitis B surface antigen  
HBVDNA = Nucleic acid amplification test for Hepatitis B DNA  
HCVAb = Hepatitis C Antibody test  
HCVRNA = Nucleic acid amplification test for Hepatitis C RNA  
HIV = 4th generation HIV test
APPENDIX 4: RAPID IMPACT ASSESSMENT SCREENING FORM

RAPID IMPACT ASSESSMENT SCREENING FORM

<table>
<thead>
<tr>
<th>Name of procedural document</th>
<th>Haemodialysis BBV Guidelines</th>
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<td>Division B Cluster 3 Renal</td>
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<tr>
<td>Name, job title and contact details of person completing the assessment</td>
<td>Carlton Kneil, Infection prevention and control Nurse Specialist</td>
</tr>
<tr>
<td>Date:</td>
<td>27.03.2014</td>
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EXECUTIVE SUMMARY
This section summarises:
- the impacts identified for action
- mitigating action
- the likely severity of the impact as a result of that action ("result").

<table>
<thead>
<tr>
<th>Impact</th>
<th>Action</th>
<th>Result</th>
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<tbody>
<tr>
<td>None identified</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(If you need to progress to a full impact assessment, please include this as an action, above.)

1. **What is the main purpose of this policy / plan / service?**
The purpose of the guidance is to prevent the transmission of blood-borne viruses within renal haemodialysis units; this may also apply to other units where haemodialysis is undertaken.

2. **Who does it affect?** Please tick as appropriate.

   Carers ☐  Staff ☐  Patients ✓  Other (please specify)
3. What impact is it likely to have on different sections of the community / workforce, considering the “protected characteristics” below?

Please insert a tick in the appropriate box √

<table>
<thead>
<tr>
<th>Protected Characteristics</th>
<th>Positive impact -- it could benefit</th>
<th>Negative impact -- it treats them less favourably or could do</th>
<th>Negative impact -- they could find it harder than others to benefit from it or they could be disadvantaged by it</th>
<th>Non-impact -- missed opportunities to promote equality</th>
<th>Neutral -- unlikely to have a specific effect</th>
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<tbody>
<tr>
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<td>☐</td>
<td>☐</td>
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</table>

In identifying the impact of your policy across these characteristics, please consider the following issues:

- **Fairness** - Does it treat everyone justly?
- **Respect** - Does it respect everyone as a person?
- **Equality** - Does it give everyone an equal chance to get whatever it is offering?
- **Dignity** - Does it treat everyone with dignity?
- **Autonomy** - Does it recognise everyone’s freedom to make decisions for themselves?

If you have any negative impacts, you will need to progress to a full impact assessment.
In sections 4 and 5, please copy and repeat the tables below, for each “protected characteristic” considered. Alternatively, you can use one table for more than one “protected characteristic”, if the outcomes are similar.

4. If you have identified any positive impacts (see above), what will you do to make the most of them?

<table>
<thead>
<tr>
<th>“Protected characteristic” affected:</th>
<th>Issue</th>
<th>Who did you ask to understand the issues or whose work did you look at?</th>
<th>What did you find out about?</th>
<th>What did you learn or confirm?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action as a result of above</td>
<td>Action</td>
<td>By who?</td>
<td>When?</td>
<td></td>
</tr>
</tbody>
</table>

5. If you have identified any missed opportunities (“non-impacts”), what will you do to take up any opportunities to promote equality?

<table>
<thead>
<tr>
<th>“Protected characteristic” affected:</th>
<th>Issue</th>
<th>Who did you ask to understand the issues or whose work did you look at?</th>
<th>What did you find out about?</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Action as a result of above</td>
<td>Action</td>
<td>By who?</td>
<td>When?</td>
<td></td>
</tr>
</tbody>
</table>

6. If you have identified a neutral impact, show who you have consulted or asked to confirm that this is the case, in the table below:

Tony Williams Equality & Diversity Manager

If you need help with any aspect of this assessment, please contact:
Tony Williams    Equality and Diversity Manager
Ext: 6942        anthony.williams1@nhs.net

Please note:
This impact assessment needs to be sent, with the policy, to the Equality & Diversity Manager at the following stages: as part of consultation, prior to final ratification of the policy and when final ratification has been given.