



### Initial Screening Tool

Title of policy/service/function/procedure/ programme/ or strategy being assessed: Personal Protective Equipment Procedure

Is it new  or revised

**(If revised, please attach a copy of the original Equality Impact Assessment.)**

Senior Manager Responsible: John Selby

Department: Health, Safety and Risk

Section:

#### Equality Impact Assessment Screening Team

Name	Department	Role
John Selby	Health, Safety and Risk	Senior Safety and Risk Advisor
Andrew Kelly	Health, Safety and Risk	Administration Manager
Harry Day	Health, Safety and Risk	Safety and Risk Advisor
Martin Nicholas	Health, Safety and Risk	Local Security Management Specialist
Katherine Angus	Brent Ambulance Complex	Health and Safety Union Representative

Date of screening 08/03/2011

Title: Equality Impact Assessment Guidance and Form	Version: 3.0
Date: 16/03/2010	Owner: Equality and Inclusion



Please summaries below the aims and objectives of this policy/service/function etc. including any intended outcomes.

This procedure defines the process to be followed when Personal Protective Equipment is purchased, loaned, hired, given or provided for test or trial.

Please state below who is intended to benefit from this policy/service/function etc. and in what way.

Management and the EWG will benefit from the guidance, and all members of staff will benefit by the risk reduction.

Please state in the table below whether the policy/service/function etc. could have any potential impact on any of the equality strand groups, whether service users, staff or other stakeholders

Equality Strand Group	Is there likely to be a positive or neutral impact in regard to:	If the impact is adverse, can this be justified on the grounds of promoting equality of opportunity for an equality strand group or for another reason?
Age	Neutral	
Disability	Neutral	
Gender	Neutral	
Race	Neutral	
Religion or Belief	Neutral	
Sexual Orientation	Neutral	

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Please provide and summaries below any relevant evidence for your declaration above – this could include for example the results of specific consultations, complaints or compliments, customer satisfaction or other surveys, service monitoring and take-up, comments from stakeholders and demographic data.

The procedure sets no requirements based upon any protected characteristic groups.

Are there any gaps in the evidence you have which make it difficult for you to determine whether there would be an adverse impact?

No  Yes

If yes, please state below how you intend to acquire this evidence and your timescales for doing so.

N/A

If you have identified a positive or negative potential impact for any equality strand group, which is not legal or justifiable, then you must complete a full Equality Impact Assessment. Please insert below any issues you have identified/recommendations for the full Equality Impact Assessment.

N/A

If you have only identified a neutral or positive impact on any equality strand group then no further action is required, other than having your Director sign off this form, a copy stored on the shared drive and sent to Communications for publication on the Trust's website.

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London Ambulance Service **NHS**  
NHS Trust

Name of Director: Caron Hitchen

Signature: 

Date: 23 March 2011

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