



Initial Screening Tool

Title of policy/service/function/procedure/ programme/ or strategy being assessed: HS005 Manual Handling

Is it new or revised

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

Senior Manager Responsible : Senior Health, Safety and Risk Adviser

Department Health Safety and Risk Department

Section Human Resources and Organisation Development

Equality Impact Assessment Screening Team

Name	Department	Role
Andy Street	Health, Safety and Risk Department	Safety & Risk Adviser
Andrew Kelly	Health, Safety and Risk Department	Health & Safety Administrator
Martin Nicholas	Health, Safety and Risk Department	Local Security Management Specialist
John Selby	Health, Safety and Risk Department	Senior Health, Safety and Risk Adviser

Date of screening

06/05/10

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.

To comply with statutory obligations

To define a frame work that will produces a consistency of practice across the LAS in the control of manual handling risks;

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

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 summarise 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.

Follows best practice as defined by the Institute of Health and Care Development (IHCD), the Health and Safety Executive (HSE).

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.

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.

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.

Name of Director: C KITCHEN

Signature: [Signature]

Date: 27.5.10

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