



Initial Screening Tool

Title of policy/service/function/procedure/ programme/ or strategy being assessed: **Slips Trips and Falls Procedure**

Is it new or revised

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

Senior Manager Responsible John Selby_____

Department Safety & Risk _____

Section HR _____

Equality Impact Assessment Screening Team

Name	Department	Role
John Wilkins	Corporate Services	FT Lead
Victoria Smith	Governance Development Unit	Records Manager
Erin Heinrich	Corporate Services	FT Project Manager
John Selby	Safety & Risk	Senior Health & Safety Advisor

Date of screening 23 March 2010_____



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

The purpose of the procedure is to provide information and guidance on the management of slips, trips and fall risks within the London Ambulance Service (LAS).

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

All LAS staff, visitors and patients by standardising our approach to slips, trips and falling hazards so that it complies with National and local standards

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	



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.

This procedure has been developed through consultation with experts and using guidance from national regulatory bodies eg NHSLA, Risk Management Standards for Ambulance Trusts 2010/11 (published by the NHS Litigation Authority 2010).

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: **Caron Hitchen**

Signature:

Date: 25 March 2010

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