

Equality Impact Assessment (EIA)

Stage 1: Screening Assessment

Name of Policy or Service being assessed:	1.27 Rapid Tranquilisation Policy
Policy Lead:	Dr Sridharan
Person(s) responsible for completing the assessment (if not the Policy Lead:	/

The Equality Impact Assessment is a written record that demonstrates that the policy lead has shown *due regard* with respect to the characteristics protected by the Equality Act 2010 to the need to:-

- i. **eliminate unlawful discrimination,**
- ii. **advance equality of opportunity,** and
- iii. **foster good relations** between persons with different characteristics

1. Is this a new or existing policy?	Existing Policy
2. What is the aim of the policy/ service? <i>ie. to ensure the Trust meets best practice for</i>	<p>This policy aims to advise both medical and nursing staff on the short term management of violence using rapid tranquilisation.</p> <p>The aim is to achieve an optimal reduction in agitation and aggression, thereby allowing a thorough psychiatric evaluation to take place, whilst allowing comprehension and response to spoken message throughout.</p> <p>Rapid Tranquilisation should never be routinely used and is only applied when all other interventions have failed for the purpose of reducing the risk of violence or harm, to calm the patient and to allow them to participate in their care/treatment.</p>
3. What is the expected outcome of the policy/ service? (e.g. objectives and purposes of the policy/ service, standards for practice)?	For medical and nursing staff to be clear of the procedure to be followed in considering, authorising, prescribing and administering rapid tranquilisation.
4. Does this policy/ service link to others? If yes please state link:	Yes - should be read within the overall context of the Trust Restraint Policies and Guidance, Resuscitation, managing Violence and Aggression and seclusion. Should also be read in line with national guidance and legislation.

<p>5. Who is intended to benefit from the policy / service? In what way? eg. all staff and service users</p>	<p>The policy is intended to protect people from harm during incidents of violence and aggression. This includes the person demonstrating violent and aggressive behaviour and others in the vicinity of this behaviour (other service users, visitors, Trust staff and other professionals).</p>	
<p>5. How is the policy / service to be put into practice? Who is responsible?</p>	<p>This policy applies to all staff who are able to prescribe and administer medication in relation to rapid tranquillisation.</p> <p>The policy is applicable to both Mental Health and Learning Disabilities Services and applies to in-patients over the age of 12.</p> <p>It applies in situations where 'As required' medications have been prescribed as part of a care plan for the management of violence.</p>	
<p>6. How and where is information about the policy / service publicised? Eg on the Trust intranet, and the internet/portal.</p>	<p>Trust policies folder.</p>	
<p>7. What regular consultation do you carry out with different communities and groups re the policy / service?</p>		
<p>8. Equality Strands Are there concerns that the policy / service could have an adverse impact on:-</p>	<p><u>Yes /No</u></p>	<p>If YES, please state evidence (either presumed or otherwise).</p> <p>Please also include other relevant comments and considerations in relation to each protected characteristic area and this particular policy/service/ development.</p>
<ul style="list-style-type: none"> • Age (eg consider impact on younger people/ older people) 	<p>Yes</p>	<p>Policy applies to in-patients over the age of 12 who are being violent and aggressive and where other interventions have failed to control the harmful behaviour.</p> <p>Young age is a risk factor for violence and aggression but rapid tranquilisation is used only with great care in young adolescents. Rapid tranquilisation to be used as the very last option when all other options are exhausted, and in these cases staff need to assess each case on individual merit having liaised with senior medical staff.</p> <p>When rapid tranquilisation is required for elderly patients, a lower dose should be considered wherever possible.</p>

<ul style="list-style-type: none"> • Age continued/ 		<p>The policy contains specific 'Notes on Rapid Tranquillisation in over 65s' as Appendix 2.</p>
<ul style="list-style-type: none"> • Disability (remember to consider physical, mental and sensory impairments) 	Yes	<p>The policy is applicable to both Mental Health and Learning Disabilities Services patients who are exhibiting harmful violent and aggressive behaviour that fails to be controlled by all other interventions.</p> <p>Whilst not all who exhibit violence and aggression of this nature are mentally ill or have a learning disability, there is a significantly increased likelihood of this behaviour (and its failure to be controlled through other approaches) in this group.</p> <p>However, this concern is justified in the context of protecting from harm both the perpetrator and those in their surroundings (staff and other service users, visitors etc).</p>
<ul style="list-style-type: none"> • Sex/Gender (any particular impact on males, females, also consider impact on those responsible for childcare) 	Yes	<p>Evidence suggests that more males are subject to Rapid Tranquilisation within the Trust and this is in line with wider data suggesting that males have higher incidence of violence and aggression.</p>
<ul style="list-style-type: none"> • Gender reassignment (ie impact on people who identify as trans or non-binary) 	No	<p>No specific concerns although wider data suggests there is a greater prevalence of mental health conditions in individuals who are trans or gender dysphoric than the general population. Should rapid tranquilisation be required for a trans/gender dysphoric patient, dosage will be determined on factors relating to assessment of the individual and any other medications they may be taking..</p>
<ul style="list-style-type: none"> • Race / ethnicity / ethnic communities / cultural groups 	Yes	<p>There is strong evidence nationally that rapid tranquilisation is used more frequently in relation to young black males. The greater use of higher rate of rapid tranquilisation and more IM route on young black males [eg Chen EY, Harrison G, Standen PJ (1991) Management of first episode psychotic illness in Afro-Caribbean patients. British Journal of Psychiatry; 158:517-22].</p> <p>The Trust does not currently routinely monitor or report on the ethnicity of those subject to rapid tranquilisation, but has plans in place to do so from April 2017.</p>

<ul style="list-style-type: none"> • Pregnancy and maternity, including adoption (ie impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples) 	no	<p>Rapid tranquilisation should not be carried out without an assessment of the individual's physical health and status.</p> <p>Pre-existing physical health problems or pregnancy should be taken into account .</p>
<ul style="list-style-type: none"> • Sexual Orientation (impact on people who identify as lesbian, gay or bi – whether stated as 'out' or not) 	no	
<ul style="list-style-type: none"> • Marriage and/or Civil Partnership (including heterosexual and same sex marriage) 	no	
<ul style="list-style-type: none"> • Religion and/or Belief (includes those with religion and /or belief and those with none) 	Yes	<p>It may be necessary to be sensitive to patients who fast for religious reasons (eg Muslim patients observing Ramadan may prefer to take medications during non-daylight hours. A decision would have to be made in relation to application of rapid tranquilisation as to a balance between clinical need and safety and the person's religious observance.</p> <p>Additionally, there is a potential for bias in application of RT for some religious groups, although no evidence is known to exist in relation to this.</p>

<p>9. Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?</p>	<p>There is the potential for discrimination in relation to the use of rapid tranquilisation on grounds of age, male gender and ethnicity (for example young black men). This could be due to conscious or unconscious bias or due to genuine societal issues.</p> <p>The Trust plans to introduce more rigorous monitoring of the use of rapid tranquilisation and other restrictive practices in relation to a number of equality 'strands' from April 2017. This will help with the identification of any potential issues or imbalances in application of RT within the Trust, and provide a forum for questioning, investigation and action planning where deemed appropriate.</p>
<p>If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason</p> <p>ie. Indirect discrimination can be justifiable sometimes when a service is being provided for a particular target group e.g. Asian women's breast screening, Gay men's sexual health clinic, gender specific services /environments</p>	<p>Yes – decisions made in relation to individual circumstances and aims to ensure the protection of both the individual exhibiting the harmful violent and aggressive behaviours and those around them.</p>

<p>10. Do you think this policy / service /development specifically contributes to promoting equality, diversity and inclusion in North Staffordshire?</p> <p>If so, in what way?</p> <p>Please note any examples of good practice</p>	<p>No – not applicable</p>
<p>11. What approaches will you take to get feedback on your assessment?</p>	<p>Shared and discussed with Diversity and Inclusion Lead.</p> <p>The Trust has plans to develop more rigorous monitoring of the use of rapid tranquilisation and other restrictive practices from April 2017 (against a number of the protected characteristic strands).</p> <p>This will allow for greater understanding of any potential issues or imbalances and will also support appropriate review, investigation and action as indicated.</p>

In the case of a negative impact being identified above, please indicate any measures planned to mitigate against this by completing Stage 2, Full Impact Assessment as below:-

Stage 2: Full impact assessment

What is the impact?	Mitigating actions	Monitoring of actions

Yes

No

<p>Do you need any additional assistance to help you carry out the full assessment?</p>		
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Signed (Policy Lead Assessor)

Dr S Sridharan

Date

17.02.17

GETTING FEEDBACK AND ADVICE

Feedback should now be sought from the Diversity and Inclusion Lead by emailing them at Diversity@northstaffs.nhs.uk

What feedback / guidance was provided?

(insert text here)

**Counter-signed
(Diversity & Inclusion Lead)**



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Date

...17.02.17.....

**COMPLETED FORMS – Please forward to the Diversity and Inclusion Lead via email: Diversity@northstaffs.nhs.uk
Telephone queries to: 0300 123 1535 ext 2814**