# Hand Decontamination Policy

<table>
<thead>
<tr>
<th>Reference Number:</th>
<th>613</th>
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</table>
| Author & Title:   | Julia Bloomfield  
Infection Prevention & Control Nurse |
| Responsible Director: | Director of Nursing and Director of Infection Prevention and Control |
| Review Date:      | 09 June 2017 |
| Ratified by:      | Helen Blanchard  
Director of Nursing and Director of Infection Prevention and Control |
| Date Ratified:    | 09 June 2014 |
| Version:          | 2.0 |

**Related Policies and Guidelines**
- Universal Precaution Policy
- Isolation Policy
- Infection Prevention and Control Strategy
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Amendment History
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<th>Reason for Change</th>
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<td>2.0</td>
<td>Final</td>
<td>June 2014</td>
<td>Review and Update</td>
<td>Helen Blanchard - Director of Nursing</td>
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1. Policy Summary

Healthcare-associated infections (HCAIs) are infections that are associated with interventions, devices or procedures carried out in healthcare facilities (HPA 2011).

HCAI is a major problem for patient safety. The impact of HCAI indicates prolonged hospital stay, long term disability, increased resistance of microorganisms to antimicrobials, huge additional financial burden, high costs for patients and their families and excess deaths (WHO 2009).

European countries report HCAI prevalence rates of 4.6% to 9.3%. 5 million HCAIs are estimated to occur in acute hospitals in Europe annually, representing 25 million extra days of hospital stay. Mortality due to HCAI in Europe is estimated to be 1%, 50 000 deaths per year but HCAI contributes to death in at least 2.7% cases which is 135 000 deaths per year (WHO 2009).

The prevalence of HCAI in the UK in 2011 was 6.4%. A total of 3,360 patients were diagnosed with an active HCAI with 135 patients having more than one during the study (HPA 2011).

The estimated cost to NHS hospitals of caring for people that acquire a HCAI has been estimated conservatively as over £1 billion a year. Published evidence suggests that at least 20% of HCAIs are avoidable and infection prevention and control strategies provide cost-effective solutions. Reducing the burden of HCAIs has been a government priority in England for the last 15 years. Policy decisions including organisational (NHS trust) targets to reduce meticillin resistant Staphylococcus aureus (MRSA) bacteraemia and Clostridium difficile infection (CDI) have been successful in reducing the incidence of these infections by more than 70% over the last five years. A National Audit Office (NAO) report has estimated that these reductions saved the NHS between £45 and £59 million (HPA 2011).

Epidemiological evidence indicates that hand-mediated transmission is a major contributing factor in the acquisition and spread of infection in hospitals. The transfer of organisms between humans can occur directly via hands, or indirectly via an environmental source (e.g. commode or wash basin) (Loveday et al 2013).

Therefore regular hand hygiene must be highlighted as one of the most critical interventions to prevent cross infection in healthcare facilities (Damani 2012).

Current national and international guidance has consistently identified that effective hand decontamination results in significant reductions in the carriage of potential pathogens on the hands, and therefore it is logical that the incidence of preventable HCAI is decreased, leading to a reduction in patient morbidity and mortality. The association between hand decontamination, using liquid soap and water and waterless alcohol-base hand rub (ABHR), and reductions in infection have been confirmed by clinically-based nonrandomised trials and observational studies (Loveday et al 2013).
The hands are colonised by two categories of microbial flora. The resident flora are found on the surface, just below the uppermost layer of skin which are generally of low pathogenicity.

The transient flora are made up of microorganisms acquired by touching contaminated surfaces such as the environment, patients or other people, and are readily transferred to the next person or object touched. They may include a range of antimicrobial-resistant pathogens such as MRSA, *Acinetobacter* or other multi resistant Gram-negative bacteria. If transferred into susceptible sites such as invasive devices or wounds, these microorganisms can cause life-threatening infections. Transmission to non-vulnerable sites may leave a patient colonised with pathogenic and antibiotic-resistant organisms, which may result in an HCAI at some point in the future.

### 2. Policy Statements

All staff commencing employment with the Royal United Hospital Bath NHS Trust will receive instruction on appropriate hand hygiene technique and appropriate agents to use for hand decontamination in a range of situations. A practical demonstration of the correct hand hygiene technique is included in the induction sessions.

As identified in the Infection Prevention and Control Strategy, Matrons and Clinical Service Managers are key role models for exemplary infection prevention and control practice and have responsibility and accountability for delivering a clean and safe care environment by maintaining standards of infection control practice within their designated clinical areas in line with the Matrons’ Charter.

All staff have a responsibility to comply with Trust infection prevention and control policies and procedures and to remind and challenge colleagues of their infection control responsibilities if there is a potential or actual breach of a policy. What are the “must do’s” that staff need to comply with as a result of this policy?

**Surgical scrub prior to gloving in theatre will not be covered in this policy but can be found in the theatre policy.**
3. Definition of Terms Used

**Hand care.** Actions to reduce the risk of skin damage or irritation

**Alcohol-based (hand) rub.** An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands to inactivate microorganisms and/or temporarily suppress their growth.

**Detergent (surfactant).** Compounds that possess a cleaning action.

**Plain soap.** Detergents that contain no added antimicrobial agents, or may contain these solely as preservatives.

**Antimicrobial (medicated) soap.** Soap (detergent) containing an antiseptic agent at a concentration sufficient to inactivate microorganisms and/or temporarily suppress their growth. The detergent activity of such soaps may also dislodge transient microorganisms or other contaminants from the skin to facilitate their subsequent removal by water.

**Hand washing.** Washing hands with plain or antimicrobial soap and water.

**Hand antisepsis / decontamination.** Reducing or inhibiting the growth of microorganisms by the application of an antiseptic hand rub or by performing an antiseptic hand wash.

**Surgical hand antisepsis / surgical hand preparation / pre-surgical hand preparation.** Antiseptic hand wash or antiseptic hand rub performed preoperatively by the surgical team to eliminate transient flora and reduce resident skin flora. Such antiseptics often have persistent antimicrobial activity.

**Transient flora (transient microbiota).** Microorganisms that colonize the superficial layers of the skin and are more amenable to removal by routine hand washing.

**Resident flora (resident microbiota).** Microorganisms residing under the superficial cells of the *stratum corneum* and also found on the surface of the skin.

**Visibly soiled hands.** Hands on which dirt or body fluids are readily visible.

**Point of care.** The place where three elements come together: the patient, the HCW, and care or treatment involving contact with the patient or his/her surroundings (within the patient zone). The concept embraces the need to perform hand hygiene at recommended moments exactly where care delivery takes place. This requires that a hand hygiene product (e.g. alcohol-based handrub, if available) be easily accessible and as close as possible – within arm’s reach of where patient care or treatment is taking place. Point-of-care products should be accessible without having to leave the patient zone. (WHO 2009)
4. Duties and Responsibilities

4.1. Chief Executive
The Chief executive holds ultimate responsibility and accountability for compliance with this policy within the Trust.

4.2. Director of Nursing/Director of Infection Prevention & Control
Director of Nursing/Director of Infection Prevention & Control holds delegated Executive responsibility for the management and control of healthcare associated infection, including implementation of this policy.

4.3. Divisional Lead Clinicians and Teams
Divisional Lead Clinicians and Teams are responsible for:

- monitoring implementation of this policy
- ensuring action is taken when staff fail to comply with the policy.
- monitor and follow up staff on hand hygiene training.

4.4. Ward and Department Managers
All managers are responsible for:

- ensuring that this policy is implemented in their areas
- ensuring all staff who work within the area adhere to the principles at all times.
- ensuring that staff have access to up to date training to enable them to adopt safe working practices at all times
- are appropriately trained to minimise risks to themselves and others.
- ensure that their staff are aware of this policy
- have met their annual training requirements
- Monthly hand hygiene audits are completed

4.5. Clinical Consultants
Consultants are responsible for

- ensuring that this policy is implemented in their areas
- ensuring all staff who work within the area adhere to the principles at all times.
4.6. The Infection Prevention and Control Team

The Infection Prevention Team are responsible for:

- providing expert advice in accordance with this policy.
- supporting staff in its implementation.
- delivery of central hand hygiene training and supporting/facilitating delivery of training by Education Leads/Infection Prevention Link Practitioners.
- Ensuring the policy remains consistent with the evidence-base for safe practice, and for reviewing the policy on a regular basis.

4.7. All Staff

- All staff working on Trust premises, including agency and locum staff are responsible for adhering to this policy.
- reporting breaches of this policy to the person in charge and to their line manager.
- ensuring they meet their statutory/mandatory training requirements relating to Hand Hygiene as defined in the Trust.
- Non-compliance with a Trust Policy may result in disciplinary action.

5. Hand decontamination procedures

5.1. When should hands be decontaminated?

Patients are put at risk of developing an HCAI when informal carers or healthcare workers caring for them have contaminated hands. Decontamination refers to a process for the physical removal of dirt, blood and body fluids, and the removal or destruction of microorganisms from the hands.

Hands must be decontaminated at critical points before, during and after patient care activity to prevent cross transmission of microorganisms.

Hands must be decontaminated:

- immediately before each episode of direct patient contact or care, including clean/aseptic procedures;
- immediately after each episode of direct patient contact or care;
- immediately after contact with body fluids, mucous membranes and non-intact skin;
- immediately after other activities or contact with objects and equipment in the immediate patient environment that may result in the hands becoming contaminated;
- immediately after the removal of gloves.
5.2. Liquid soap and water or Alcohol-based hand rub (ABHR) which should I use?

Choosing the method of hand decontamination will depend upon the assessment of what is appropriate for the episode of care, the availability of resources at or near the point of care, what is practically possible and, to some degree, personal preferences based on the acceptability of preparations or materials.

In general, effective hand washing with liquid soap and water or the effective use of ABHR will remove transient microorganisms and render the hands socially clean. The effective use of ABHR will also substantially reduce resident microorganisms. This level of decontamination is sufficient for general social contact and most clinical care activities.

Liquid soap preparations that contain an antiseptic affect both transient microorganisms and resident flora, and some exert a residual effect. The use of preparations containing an antiseptic is required in situations where prolonged reduction in microbial flora on the skin is necessary (e.g. surgery, some invasive procedures or in outbreak situations).

ABHR is not effective against all microorganisms (e.g. some viruses such as Norovirus and spore-forming microorganisms such as C. difficile). It will not remove dirt and organic material, and may not be effective in some outbreak situations.

5.3. Routine hand washing using liquid soap and water

Routine hand washing removes soil, dirt and transient organisms from soiled hands.

Liquid soap is supplied in wall mounted dispensers throughout the trust. The dispensers and bottles are disposable to reduce the risk of contamination but the outlet nozzle must be regularly cleaned to avoid risk of infection from the build-up of residue of soap drips. Bar soap must not be used by healthcare staff in clinical settings.

Effective hand washing technique involves three stages: preparation, washing and rinsing, and drying.

- **Preparation**: wet hands under tepid running water before applying the recommended amount of liquid soap or an antimicrobial preparation.

- **Washing**: the hand wash solution must come into contact with all of the surfaces of the hand. The hands should be rubbed together vigorously for a minimum of 10–15 s, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers. Hands should be rinsed thoroughly.
• **Drying:** use good-quality paper towels to dry the hands thoroughly. A number of laboratory-based studies that investigated methods of hand drying suggested that there is no significant difference in the efficacy of different methods of drying hands, but that good-quality paper towels dry hands efficiently and remove bacteria effectively. Current guidance on infection control in the built environment suggests that air and jet driers are not appropriate for use in clinical areas. (Loveday et al 2013)

• The duration of the entire procedure should take 40-60 seconds (WHO 2009)

**HAND WASHING**

Hand washing technique:

1. Palm to palm
2. Right palm over left dorsum and left palm over right dorsum
3. Palm to palm fingers interlaced
4. Backs of fingers to opposing palms with fingers interlocked
5. Rotational rubbing of right thumb clasped in left and vice versa
6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa


(Public Health England 2014)
The following activities are examples of when hands must be washed using detergent and water.

- Whenever hands are visibly dirty.
- After removal of gloves.
- Following any inadvertent contact with blood or body fluids.
- After any microbial contamination (e.g. wound examination, wound dressing, sputum aspiration etc.).
- After visiting the toilet.
- After patient toileting.
- After handling laundry.
- Before preparing, handling or eating food.
- After dealing with patients symptomatic with diarrhoea and vomiting e.g. *Norovirus* or *Clostridium Difficile*.

### 5.4. Alcohol-based hand rub (ABHR)

ABHR products are highly effective at reducing hand carriage, whilst overcoming some of the recognised barriers to hand washing; most importantly, the ease of use at the point of patient care. Therefore hand rub should be made available at the point of care in all wards and departments.

Use an alcohol-based hand rub for decontamination of hands before and after direct patient contact and clinical care. Do not use ABHR in the following situations when soap and water must be used:

- when hands are visibly soiled
- potentially contaminated with body fluids
- when caring for patients with vomiting or diarrhoeal illness, regardless of whether or not gloves have been worn.
- ABHR is not effective against all microorganisms (e.g. *C. difficile*).

ABHR solution must come into contact with all surfaces of the hand; hands should be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry. The duration of the entire procedure should take 20-30 seconds.

*(WHO 2009)*

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<tr>
<td>Issue date: 22 July 2014</td>
<td>Status: Final</td>
</tr>
<tr>
<td>Author: Julia Bloomfield – Infection Prevention and Control Nurse</td>
<td>Page 11 of 17</td>
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</tbody>
</table>
5.5. **Bare below the elbows**

Hands and wrists need to be fully exposed to the hand hygiene product and therefore should be free from jewellery and long-sleeved clothing. A number of small-scale observational studies have demonstrated that wearing rings and false nails is associated with increased carriage of microorganisms and, in some cases, linked to the carriage of outbreak strains.

Department of Health guidance on uniforms and work wear and NICE guidelines indicate that healthcare workers should remove rings and wrist jewellery, and wear short-sleeved clothing whilst delivering patient care.

In summary staff should ensure that their hands can be decontaminated effectively by:

- removing all wrist and hand jewellery
- wearing short-sleeved clothing when delivering patient care
- making sure that fingernails are short, clean, and free from false nails and nail polish
- covering cuts and abrasions with waterproof dressings

5.6. **Hand care advice**

It is thought that skin damage is generally associated with the detergent base of the preparation and/or poor hand washing technique. In addition, the frequent use of some hand hygiene agents may cause damage to the skin and alter normal hand flora. The irritant and drying effects of liquid soap and antiseptic soap preparations have been identified as one of the reasons why healthcare practitioners fail to adhere to hand hygiene guidelines.

Evidence shows that ABHR is associated with less skin irritation than liquid soap and water. In addition, washing hands regularly with liquid soap and water before or after the use of ABHR is associated with dermatitis and is not necessary.

Sore hands are also associated with increased colonisation by potentially pathogenic microorganisms and increase the risk of transmission.

Because hand decontamination products have potentially damaging effects, staff are encouraged to use an emollient hand cream regularly to maintain the integrity of the skin. Consult the occupational health team or a general practitioner if a particular liquid soap, antiseptic hand wash or alcohol-based hand rub causes skin irritation.
5.7. Patients and relatives hand hygiene

Evidence suggested that improving patient/carer hand hygiene had some effect on cross transmission of microorganisms and hand hygiene technique.

National guidelines indicate that it is important to educate patients and carers about the importance of hand hygiene, and inform them about the availability of hand hygiene facilities. Therefore:

- Patients and relatives should be provided with information about the need for hand hygiene and how to keep their own hands clean. Hand Hygiene leaflets are available for patients and relatives in the infection control pages of the intranet.
- Patients must be offered the opportunity to clean their hands:
  - before meals
  - after using the toilet, commode or bedpan / urinal
  - and at other times as appropriate

Products available should be tailored to patient needs and may include alcohol-based hand rub, hand wipes and access to hand wash basins. Patients will be given hand cleaning wipes on meal trays to assist in hand hygiene.

6. Monitoring Compliance

Audit of hand hygiene compliance is undertaken as part of the infection control annual audit programme. Observational audits are undertaken in clinical areas on a monthly basis and include both clinical and non-clinical staff. Audit reports provide details of staff group compliance and also compliance with each activity. These reports are disseminated widely within the organisation to Ward and Department Managers, Matrons, Senior Managers and Executive Staff. Results and identified actions are discussed at the Infection Prevention Control Committee meetings which are held monthly.

7. Review

This policy will be subject to a planned review every three years as part of the Trust’s Policy Review Process. It is recognised however that there may be updates required in the interim arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance from the Department of Health or professional bodies. These updates will be made as soon as practicable to reflect and inform the Trust’s revised policy and practise.
8. Training

Managers are responsible for ensuring all their staff receive the type of initial and refresher training that is commensurate with their role(s).

Staff must refer to the Mandatory Training Profiles, available on the intranet, to identify what training in relation to Hand Decontamination is relevant for their role and the required frequency of update. Further information is available on the statutory and mandatory training web pages about each subject and the available training opportunities.

The Mandatory Training Policy identifies how training non-attendance will be followed up and managed and is available on the intranet. Training statistics for mandatory training subjects are collated by the Learning & Development team, and are reported to the Strategic Workforce Committee. Staff must keep a record of all training in their portfolio.

All staff and managers can access their mandatory training compliance records via the Trust’s mandatory reporting tool (STAR) available on the intranet.

9. References


Ratification Assurance Statement

Dear Helen Blanchard

Please review the following information to support the ratification of the below named document.

Name of document: Hand Decontamination Policy
Name of author: Julia Bloomfield
Job Title: Infection Prevention and Control Nurse

I, the above named author confirm that:

- The Policy presented for ratification meets all legislative, best practice and other guidance issued and known to me at the time of development of the Policy;
- I am not aware of any omissions to the Policy, and I will bring to the attention of the Executive Director any information which may affect the validity of the Policy presented as soon as this becomes known;
- The Policy meets the requirements as outlined in the document entitled Trust-wide Policy for the Development and Management of Policies (v4.0);
- The Policy meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable;
- I have undertaken appropriate and thorough consultation on this Policy and I have documented the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the Policy following consultation;
- I will send the Policy and signed ratification checklist to the Policy Coordinator for publication at my earliest opportunity following ratification;
- I will keep this Policy under review and ensure that it is reviewed prior to the review date.

Signature of Author: ______________________ Date: 06 June 2014

Name of Person Ratifying this policy: Helen Blanchard
Job Title: Director of Nursing
Signature: ______________________ Date: 09 June 2014

To the person approving this policy:

Please ensure this page has been completed correctly, then print, sign and post this page only to: The Policy Coordinator, John Apley Building.
The whole policy must be sent electronically to: ruh-tr.policies@nhs.net
## Consultation Schedule

<table>
<thead>
<tr>
<th>Name and Title of Individual</th>
<th>Date Consulted</th>
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<tbody>
<tr>
<td>Helen Blanchard - Director of Infection Prevention and Control, Director of Nursing</td>
<td>16/05/14</td>
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<tr>
<td>Mohammad Abrishami – Infection Control Doctor</td>
<td>16/05/14</td>
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<tr>
<td>Yvonne Pritchard – Senior Infection Control Nurse</td>
<td>16/05/14</td>
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<tr>
<td>Rachel Mayer – Consultant Microbiologist</td>
<td>16/05/14</td>
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<tr>
<td>Katie White – Infection Prevention &amp; Control Nurse</td>
<td>16/05/14</td>
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<tr>
<td>Dana Jacomb – Infection Prevention &amp; Control Nurse</td>
<td>16/05/14</td>
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<tr>
<td>Mary Lewis - Associate Director of Nursing Quality and Patient Safety</td>
<td>16/05/14</td>
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<tr>
<td>Joanne Miller Acting Assistant Director of Nursing for Medicine</td>
<td>16/05/14</td>
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<tr>
<td>Sharon Bonson – Assistant Director of Nursing for Surgery</td>
<td>16/05/14</td>
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<tr>
<td>Tim Craft - Medical Director</td>
<td>16/05/14</td>
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<tr>
<td>Monica Baird - Clinical Lead for Surgery</td>
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<tr>
<td>William Hubbard – Clinical Lead for Medicine</td>
<td>16/05/14</td>
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The following people have submitted responses to the consultation process:

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<tr>
<td>Monica Baird - Clinical Lead for Surgery</td>
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### Equality Impact: (A) Assessment Screening

To be completed when submitted to the appropriate Executive Director for consideration and approval.

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<th>Person responsible for the assessment:</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Julia Bloomfield</td>
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<tr>
<td>Job Title:</td>
<td>Infection Prevention and Control Nurse</td>
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<td>[ ] Yes [x] No</td>
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<td>[ ] Yes [x] No</td>
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<td>[ ] Yes [x] No</td>
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<td>Can we reduce the impact by taking different action?</td>
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If you answered **NO** to all the above questions, the assessment is now complete, and no further action is required.

If you answered **YES** to any of the above please complete the **Equality Impact: (B) Full Analysis**