



Family Nursing & Home Care

Injectable Medicines Policy for Children and Young People

February 2021

Document Profile

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Type	Policy
Title	Injectable Medicines Policy For Children and Young People
Author	Stephanie Egge/Gill John
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Version control / changes made

Date	Version	Summary of changes made	Author
2021	1	New policy – adapted from the Family Nursing & Home Care Injectable Medicines Policy for Adults	
September 2022	1.1	2.3.2: Amended to encompass revised scope of practice for pre-registration student nurses, as per the Nursing and Midwifery Council “Future Nurse: Standard of proficiency for registered nurses” (2018).	Mo de Gruchy

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1. INTRODUCTION

The use of injectable medication has many healthcare benefits for patients. The complexities associated with preparing and administering injectable medicines means that there are greater potential risks for children and young people in comparison to other routes of administration.

NPSA alert 20 (March 2007) – Promoting safer use of injectable medicines - requires healthcare organisations to implement Standard Operating Procedures (SOPs) covering all aspects of the handling of injectable medicines. The procedures in this policy are to be followed by staff and should be read alongside the Royal Marsden Hospital clinical nursing procedures (available on the MyStates intranet). The RCN IV forum 'Standards for Infusion Therapy' 4th Edition (2016) are incorporated within elements of this document to promote best practice.

1.1 Rationale

This policy provides a framework that promotes the principles of the NPSA Alert 20 with the aim of reducing the risks to patients of injectable medicine use within FNHC.

1.2 Scope

This policy is for use by the Children's Community Nursing Team and School Nursing Team. However, its use extends to all Child and Family Service Registered Nurses and clinical support staff required to carry out the administration of an injectable medicine as part of their role. It covers the risk assessment when preparing and administering injectable medicines to children and young people requiring medication via an injectable route. Injectable routes covered in this policy are:

- intramuscular
- subcutaneous
- intravenous

Injectable medicines **not** covered within this policy are:

- intrathecal
- epidural
- other routes such as intra-arterial, intraventricular, intravitreal, intrapleural and intraocular

It is expected that all members of the multidisciplinary team who may be involved in any part of the medicines trail within the administration of injectable medicines familiarise themselves with the content.

1.3 Role and Responsibilities

1.3.1 The Chief Executive Officer (CEO)

The CEO is responsible for ensuring that:

- systems are in place to manage risk associated with medication via injections
- resources are made available to support good practice in injectable medicines administration

1.3.2 Operational Lead

The Operational Lead is responsible for:

- implementing this policy, associated guidelines and SOPs within their areas
- monitoring compliance with the requirements of this policy

1.3.3 Team Leaders

Team Leaders are responsible for ensuring that staff:

- are suitably trained to carry out the procedures
- maintain their work competences to undertake the preparation, administration and monitoring of injectable medicines as appropriate to their role
- have ready access to the relevant standard operating procedures, information and documentation to support the safe preparation, administration and monitoring of injectable treatment as appropriate to their role

1.3.4 Registered Nurses

All registered nurses are responsible for:

- promoting and safeguarding the interests and wellbeing of the child and young person
- ensuring that no action or omission on their part, or within their sphere of responsibility, is detrimental to the interests, condition or safety of the child or young person
- acknowledging any limitations in their knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe manner
- reading, understanding and following this policy and the associated SOPs
- completing appropriate training to carry out the procedures
- ensuring maintenance of work competencies to undertake the prescribing, preparation, administration and monitoring of injectable medicines as appropriate to role
- consulting with another registered nurse with appropriate competence for an independent check, where complex calculations are required (recognising that this check may need to be undertaken externally/off-site/remotely)
- decisions to delegate tasks and duties to other people ensuring this falls within the standards set out in the delegation of care SOP.
- avoiding any improper delegation to others, which compromises the interests, wellbeing or safety of the child or young person.

1.3.5 Non-registered clinical support staff

Non-registered clinical support staff are responsible for:

- working within the framework of delegation (please refer to [SOP Delegation of Nursing Tasks for Children's Community Nursing Team](#))

- undertaking the specified training and competency assessment for the specific medicine-related task(s) to be performed
- only administering specified injectable medicines by delegation, after receiving specified training for an individual child or young person and a competency assessment at local level in relation to the task performed
- remaining under direct supervision of a registered nurse while competency is being assessed

All staff are responsible for reporting 'near misses' and clinical incidents regarding the prescribing, dispensing and administration of medicines via the incident reporting system ASSURE. Report all potential adverse incidents in line with the FNHC incident reporting procedure.

2. POLICY

Injectable medicines should be prepared, administered and monitored only by healthcare staff that understand the risks involved, have been trained to use safe procedures, and have demonstrated their competence for the task.

This policy is a supplement to the current version [FNHC Medicines Policy](#) and is to be read in conjunction with that policy. All registered practitioners administering injectable medicines should draw their attention to the [Specimen High Risk Injectable Medicines List](#) when risk assessing the patient for the prescribed treatment.

All aspects of the handling and administration of injectable medicines are safe and in accordance with good practice, including; -

- injectable medicines are prescribed correctly and appropriately
- injectable medicines are accurately, appropriately and safely prepared
- injectable medicines are accurately, appropriately and safely administered
- patients receiving injectable medicines are appropriately monitored
- incidents and errors involving injectable medicines are minimised
- infection prevention and control (IPAC) measures should be taken to reduce the risks associated with injectable medicines, please refer to relevant policies

All registered nurses who administer intravenous antibiotics must carry adrenaline.

Although not professionally registered, clinical support staff are required to meet the same standard of practice as any competent professional within the agreed scope of their role.

2.1 Risk assessment

All registered staff must undertake a risk assessment of the patient and the environment prior to any injectable medicine being administered. If any concerns are raised this should be discussed with the prescriber; namely the child or young person's consultant or the medical team on Robin Ward overseeing the care of the patient before administering medication.

2.2 Monitoring

Monitoring for all children and young people receiving an injectable medicine should be undertaken when appropriate. This will be led by the child or young person's consultant/ prescriber in an agreed plan of care and documented in a management plan on the child or young person's EMIS records. Should a Paediatric Early Warning Score chart be required then this can be obtained for the correct age category from Robin Ward- Jersey General Hospital.

2.3 Training and other requirements

Injectable medicines may only be administered by healthcare professionals who have the necessary knowledge and skills in preparation, administration and monitoring and who feel competent and confident in this practice (RCN, 2016).

All healthcare professionals, where relevant, must annually complete Basic Life Support (BSL) and Children's Basic Life Support alongside Anaphylaxis training.

All individuals involved in any aspect of injectable medicines have a responsibility to acquire and maintain the necessary knowledge and clinical skills, both theoretical and practical (RCN, 2016). Training and education are provided to all community staff within the organisation by experienced practitioners.

All healthcare staff involved with medicines should undertake continuing professional development, which is aligned to clinical governance requirements and professional guidance, to ensure that their knowledge is up to date. This should form part of each individual's professional development plan.

It is the responsibility of individual nurses and support workers to maintain and update their knowledge and skills.

All training undertaken for the administration of injectable medicines must be recorded by the Education and Training Department

The administration of injectable medicines can only be delegated to non-registrants holding a level 3 NVQ/QCF/RQF qualification (or equivalent) in medication management. For guidance on delegation, registered practitioners should refer to: [SOP Delegation of Nursing Tasks to Non-Registrants for Children's Community Nursing Team](#).

2.3.1 Bank registered nurses

Registered nurses who have undertaken relevant training within other health organisations may also be able to administer these injectable medicines providing they can show evidence both practically and theoretically to the relevant clinical lead. Copies of certificates will be required and forwarded to the Education and Training Department.

2.3.2 Student nurses

Student nurses who are undertaking part of their training with FNHC must be given every opportunity to become proficient in medicines related activities under appropriate supervision (NMC 2018a).

During each practice placement mentors should assess the student's proficiency in the administration of medicines in accordance with the expectations stated in their Assessment of Practice Portfolio. Students must never administer or supply medication without direct continuous supervision.

Student nurses may observe and administer medicines, including administration of medicines via subcutaneous, intramuscular, intradermal and intravenous routes, under **the direct and constant supervision** of a registered nurse (NMC 2018a).

Students **may not** participate in the preparation and administration of medication given by any other route that requires a Registered Nurse to undertake further education and training

2.4 Infection Prevention and Control

All staff undertaking any procedure should follow local and national guidelines and be up to date with mandatory training in relation to Infection Prevention and Control. Family Nursing & Home Care policies of particular relevance to injectable medicines include (but are not limited to):

- Hand Hygiene and the use of Personal Protective Equipment Policy and [Procedures](#)
- Aseptic Non-Touch Technique [Policy](#)
- Waste Management Policy and [Procedures](#)
- Sharps Safety [Policy](#)
- Sharps Injury and / or Blood or Body Fluids Exposure [Procedure](#)

2.5 Preparation and Administration

Before beginning preparation, staff must be completely satisfied with the prescription, ensuring it is clear, unambiguous and appropriate for the child or young person's age and condition. They should have access to essential information about the product and processes needed for safe preparation and administration. Technical information is available on desktops via MEDUSA (Injectable Medicines Guide). If there are any concerns they should contact the medical prescriber who completed the prescription for clarification prior to preparing the medication.

Practitioners who administer medicines are fully responsible for their actions and exercise their own professional judgement at all times (FNHC Medicines Policy, 2017).

All practitioners should observe standard infection control precautions in particular hand hygiene, wearing of protective clothing and the disposal of sharps and other waste.

Aseptic non-touch technique should be used during preparation and administration.

If more than one injectable medicine needs to be prepared then each one must be prepared and administered before another one is made.

Injectable medicines should always be administered immediately after preparation.

Practitioners administering injectable medicines should have appropriate knowledge and understanding of the medicine to be administered, including;

- indications for use
- recommended therapeutic dose and frequency
- methods of preparation
- rate of administration
- contra-indications
- side effects and potential adverse reactions
- appropriate emergency interventions, in particular the management of [anaphylaxis](#).
- any special monitoring or health and safety requirement Prior to each administration the nurse must check the:
 - Parents/guardian and where appropriate a child or young person's consents (verbal consent) to treatment and confirms that they understand what treatment is to be given
 - Child or young person's name and date of birth
 - medicine name, form and strength
 - dose to be given
 - route of administration
 - time and date of administration
 - expiry date of any medicines, diluents, flushes and infusion fluids if applicable
 - method and rate of administration
 - medicines are free from particles, contamination and faults
 - any known allergies/previous reaction
 - patient's cannula site before giving intravenous (IV) medication

If the visual infusion phlebitis (VIP) score is 2 or more the cannula must not be used but removed and Robin Ward contacted for a replacement to be organised with the medical team. The VIP score (Appendix 1) must be documented for each dose of IV medication (Royal Pharmaceutical Society, Royal College of Nursing, 2019).

The practitioner is responsible for evaluating and monitoring the effectiveness of the prescribed medicine, documenting the patient's response, any adverse events and intervention. Liaising the for mentioned with the prescriber and or medical team on Robin Ward whilst seeking appropriate medical attention when required.

Any suspected Adverse Drug Reaction (ADR) should be reported to the Medicines and Healthcare Regulatory Agency (MHRA) via the yellow card.

<https://yellowcard.mhra.gov.uk/>

All practitioners are responsible for reporting 'near misses' and clinical incidents regarding the prescribing, dispensing and administration of medicines via the FNHC incident reporting system ASSURE.

2.7 Storage and Disposal

Injectable medicines should be stored correctly as directed by the packaging e.g. in a cool dry place or a monitored refrigerator within the specified temperatures.

Store all equipment (consumables) in a clean area.

Dispose of all needles and glass vials in a sharps box, don't fill the sharps box more than 2/3 full.

Remove sharps box when treatment complete.

Used syringes, saline plastic bottles/bags and extension sets can be placed in ordinary bins, remove spike from giving set and dispose in sharps box.

2.8 Documentation

As well as electronic documentation, paper notes will include, where applicable, but not limited to:

- patient demographics
- prescription chart/medication record & authorisation sheet
- paediatric early warning score (PEWS)
- visual infusion phlebitis (VIP) score
- venous thromboembolism (VTE)

The person administering the medicine should personally make a record of administration as soon as possible after the event. Batch number and expiry dates must be documented.

All clinical staff, where applicable, should complete their essential training in documentation. For further guidance on record keeping please refer to the current [FNHC Record Keeping](#) Policy.

2.9 Patient Self-Administration of Injectable Medicines

Where appropriate, children and young people may be trained to self-administer injectable medicines. Parents and or guardians may also be trained to administer injectable medicines to the patient. In such cases the child or young person / parents/ guardian should be assessed as suitable to undertake this, trained and competency assessed in the relevant methods of preparation, administration and monitoring.

2.10 Care / Support Workers administration of Injectable Medicines

Registered Nurses are responsible for delegating care appropriately in accordance with their professional code, this policy and other relevant organisational policies and procedures. Guidance should be sought from the FNHC Standard Operating Procedure Delegation of Care for Children's Community Nursing Team.

2.11 Consent

Informed consent must be obtained prior to any procedure being performed. Every parent and guardian or where appropriate child or young person has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise. Please refer to the current [Consent Policy](#) for further guidance. The School Nursing Team have specialised consent forms which are generated by Child Health.

For detailed guidance on capacity, please refer directly to the [Capacity and Self-Determination \(Jersey\) Law 2016](#) and the [Capacity and Self-Determination \(Jersey\) Law 2016 Code of Practice](#).

2.12 Patient Group Directions

Patient Group Directions (PGD's) allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription (NICE, 2017).

Please follow the links for specific guidance on Patient Group Directions:

Patient Group Direction Policy: <https://www.fnhc.org.je/media/43334/pgd-policyfinal.pdf>

Patient Group Direction Template:

<https://www.fnhc.org.je/media/43335/pgdtemplate-032020.pdf>

Patient Group Direction Policy Agreement:

<https://www.fnhc.org.je/media/43336/pgdpractitioner-agreement-032020.pdf>

Patient Group Direction Proposal form:

<https://www.fnhc.org.je/media/43337/pgdproposal-form-032020.pdf>

Within the School Nursing Team, specific PGD's are used to allow immunisation programs to be undertaken. For individual vaccine PGDs, please follow link to the [PGD tab](#) in the Procedural Document Library.

3. PROCEDURE

Please follow the link to the [SOP Preparation of Injectable Medicines](#) for step by step guidance. Intramuscular and subcutaneous injections sites are shown in Appendix 1.

Further information and guidance of evidence based procedures for intravenous, intramuscular and subcutaneous injections is available at clinicalskills.net or the Royal Marsden online manual.

Guidance on bolus, intermittent and continuous infusions can also be accessed via clinicalskills.net and the Royal Marsden online manual.

For syringe driver guidance please refer to FNHC [Ambulatory](#) Syringe Pump Driver Policy.

For the cold chain policy in relation to vaccinations please follow: <https://www.fnhc.org.je/media/42937/app-6-cold-chain-policy-11.pdf>

4. GLOSSARY

Not all definitions are used within this policy however are pertinent to the administration of injectable medicines.

Administer

To give to a patient a medicinal product, dressing or medical device, either by introduction into the body, either orally or by injection, etc., or by external application (e.g. application of an ointment or dressing).

ADR

Adverse drug reaction

Aseptic technique (Aseptic non-touch technique, ANTT□)

Handling technique designed to minimise the risk of microbial contamination of a sterile medicine during preparation.

Authorisation to medicate chart

Written authorisation to administer prescribed medicines, ideally this should be on the approved FNHC documentation however FNHC acknowledges that other forms of written authorisation may be used e.g. hospital medication chart, written instruction in the patient's care record

Bolus (push)

Administration from a syringe of a single dose of a sterile solution directly into a tissue, organ or vein, over a short period of time usually, between 30 seconds and 10 minutes.

Cannula

A thin tube inserted into a vein or body cavity to administer medication

Diluent

Any sterile injection solution, such as water for injection or sodium chloride 0.9%, commonly used to dissolve (reconstitute) or dilute a medicine immediately before administration. **Extravasation**

Leakage of drug or IV fluid from veins or inadvertent administration into subcutaneous or subdermal tissue. Can cause tissue necrosis.

Flush, flushing solution

A sterile solution of diluent such as sodium chloride injection 0.9%, used to purge (flush) access devices (e.g. cannulae) before and/or after injection of a medicine or between injections of different medicines.

Hazard, risk

Any factor, such as a difficult procedure or a complex calculation, with the potential to cause harm if carried out incorrectly.

Infusion

Administration, from a syringe, or other rigid or collapsible container e.g. plastic bag, of a volume of sterile solution of an injectable medicine directly into a tissue, organ, vein or artery, at a constant rate, under gravity or by means of an electronic or mechanical pump or other means of rate control, over a defined period usually of at least 10 minutes.

Intravenous (IV)

Medicines that are administered directly into a vein.

Intramuscular (IM)

Medicines that are given by needle into the muscle.

Medication error

Any preventable event that may cause or lead to inappropriate medication use and/or patient harm while the medication is in the control of the healthcare professional, patient or carer.

Medicine

Any substance or combination of substances presented for treating or preventing disease. Any substance or combination of substances, which may be administered with a view to making a medical diagnosis or restoring, correcting or modifying or maintaining physiological or psychological functions.

Parenteral

Administered by any route other than the alimentary canal, for example by intravenous, subcutaneous or intramuscular routes.

Prescribe

To order in writing (or electronically) the supply of a medicinal product.

Prescriber

A healthcare professional that is legally authorised to prescribe a medicinal product, including medical and non-medical prescribers.

Prescription

An order for the dispensing of a medicinal product. The order is presented to a professional who is legally authorised to dispense.

Standard Operating Procedures

Step by step instructions to assist staff carry out complex routine activities

Subcutaneous

Medicines given just below the skin

5. CONSULTATION PROCESS

Name	Title	Consultation Date
Jo Davies	Lead for School Nursing	05.11.20
Elsbeth Snowie	Clinical Effectiveness Facilitator	January 2021

6 IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification
Staff to sign up to documents if relevant	Operational Leads/Departmental Senior Manager	Within 1 month following ratification

7 MONITORING COMPLIANCE

Compliance with this policy is the responsibility of all registered practitioners administering injectable medicines. Incidents involving injectable medicines will be reviewed by the Governance Team.

8 EQUALITY IMPACT STATEMENT

A statement to show that the document does not discriminate against disadvantaged or vulnerable people

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively

- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See Appendix 2 for the Equality Impact Assessment for this policy.

9 REFERENCES

Public Health England. (2017) *Immunisations Against Infectious Diseases Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/660902/Green_book_cover_and_contents.pdf*

Medicines and Healthcare products Regulatory Agency. (2019). *Yellow Card Scheme*. Available: <https://yellowcard.mhra.gov.uk/>

National Patient Safety Agency. (2007). *Patient safety alert 20*. Available: <https://www.sps.nhs.uk/wp-content/uploads/2018/02/2007-NRLS-0434-Injectablemedicines-PSA-2007-v1.pdf>

National Institute for Health and Care Excellence. (2017). *Patient Group Directions*. Available: <https://www.nice.org.uk/guidance/mpg2/resources/patient-groupdirections-pdf-1779401941189>

Nursing and Midwifery Council (2018a) *Future Nurse: Standards of proficiency for registered nurses*. Available at: [future-nurse-proficiencies.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/future-nurse-proficiencies.pdf) Last accessed 22.09.2022

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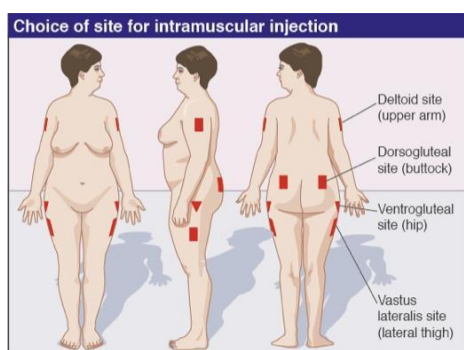
Royal College of Nursing. (2016). *Standards for Infusion Therapy 4th edition*. Available: <https://www.rcn.org.uk/professional-development/publications/pub005704>

Royal Pharmaceutical Society and Royal College of Nursing. (2019). *Professional Guidance on the Administration of Medicines in Healthcare Settings*. Available: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567>

The National Institute for Health and Care Excellence. (2020) *British National Formulary for Children*, Available: <https://bnfc.nice.org.uk>

Appendix 1 Injection sites for IM and Subcutaneous

Intramuscular Injection (IM)

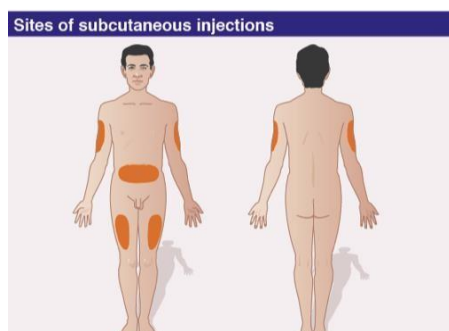


Adapted from Clinical Skills.net

The four sites commonly used for intramuscular injection are the deltoid muscle, the ventrogluteal muscle, the vastus lateralis muscle and the dorsogluteal muscle. The registered nurse should use their clinical judgement, incorporating evidence-based practice, to select an appropriate site and should consider inherent risks, e.g., sciatic nerve damage is a recognised complication of IM injection at the dorsogluteal site (Shepherd, 2018; Greenway, 2014).

The viscosity of the medication, the volume of medication to be injected and the amount of subcutaneous tissue at the injection site will all influence site selection.

Subcutaneous Injection



Adapted from Clinical Skills.net

Appropriate sites for subcutaneous injections are the deltoid areas of both arms, the abdomen and thighs. The information leaflet accompanying the medicine being administered will also indicate the appropriate site to administer the injection. Skin decontamination is not advised when administering medication via the subcutaneous route because alcohol causes the skin to harden and this hardening interferes with absorption of the medication (NICE, 2016).

Please refer to Clinical Skills.net or the Royal Marsden online manual for further guidance and step by step advice in performing the above procedures.

Appendix 2 - Equality Impact Assessment

Stage 1 - Screening

Title of Procedural Document:

Injectable medicines for children and young people

Date of
Assessment

21.01.21

Responsible
Department

CCNT

Name of person
completing assessment

Gill John

Job Title

Lead CCNT

Does the policy/function affect one group less or more favourably than another on the basis of:

	Yes/No	Comments
Age	NO	
Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	NO	
Ethnic Origin (including hard to reach groups)	NO	
Gender reassignment	NO	
Pregnancy or Maternity	NO	
Race	NO	
Sex	NO	
Religion and Belief	NO	
Sexual Orientation	NO	

If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2

Stage 2 – Full Impact Assessment

What is the impact?	Level of Impact?	Mitigating Actions (what needs to be done to minimise/remove the impact)?	Responsible Officer

Monitoring of Actions

The monitoring of actions to mitigate any impact will be undertaken at the appropriate level