

equality impact assessment stage 1 quick check questionnaire



If you are planning on making a change to an existing service or policy, or launching something new, fill out this quick questionnaire to find out if you need to complete a full equality impact assessment. You can also use this form to check your current services or policies.

To find out more about the legal background to equality impact assessments, or for advice on which of your current services should be assessed, read our equality impact assessment help notes.

Section 1: About you and your service area

Your name:	Steve Langston
Your service area:	Health and Safety
Your director/line manager:	Neil Turner
Your cabinet member:	Councillor Andrew Smith

Section 2: About your plans

Name of service/policy you are assessing:	Alcohol Management Procedures
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Is it? (please delete as appropriate)
<ul style="list-style-type: none">A new policy / procedure

Who are the main users of your service/policy? (please delete any that are not appropriate)
<ul style="list-style-type: none">Internal (employees)Council appointed volunteersCouncil appointed contractors

Please briefly describe why you are creating a new service/changing an existing service or reviewing current policy/service (where appropriate, include sources of evidence such as customer feedback):
The Council is required under the Health and safety at Work Act to ensure the safety of employees and members of the public affected by our service.
The duty of care also includes the requirement to manage foreseeable risks and the use / misuse of alcohol by individuals would be considered as a foreseeable risk.
There is currently a legal limit to the amount of alcohol a person can consume if they intend to drive a vehicle. This procedure applies the legal limit to all employees, in particular those identified as working within safety critical roles.

Section 3: Will your plans impact on any particular groups?

3a: Please fill in all boxes that apply in the table below. If any boxes don't apply, please leave blank.

Hints & tips Think about who will benefit from or be affected by your plans/policy. Will any particular group be negatively affected, or not able to use the service? For further guidance please see Section 3 of the help notes.

Impact of plans	Will your plans have a positive impact on this group? If so please explain why?	Will your plans have a negative impact? If so please explain why? <input checked="" type="checkbox"/> If there is a negative impact on any group(s), please complete section 4 for each group.
Groups of users		
Age ranges (indicate range/ranges)		
Disability (physical, sensory or learning)		
Gender/sex		
Transgender/gender reassignment		
Race (includes ethnic or national origins, colour or nationality)		
Gypsies and travellers		
Refugees / asylum seekers		
Sexual orientation		
Religion or belief (includes lack of belief)		
Pregnancy and maternity		
Carers or the people cared for (dependants)		
Other (please specify)	It is intended that this procedure will have a positive impact on all groups as it is a method of effectively managing a potential workplace alcohol risk across all groups.	

3b: Further details

Please use this space to provide further details if necessary

The policy seeks to apply a legal drink drive limit to all employees of the Council whilst at work. The benefit of applying this limit across the board is to ensure as far as is practicable that no employee is exposing themselves, colleagues or members of the public to a risk from the effects of alcohol.

Section 4: Can you justify and evidence, or lessen any impact?

4a: If you have identified a negative impact(s) on any group(s) please complete the below table for each affected each group. If any boxes don't apply, please leave blank. If you didn't identify any negative impact(s) on the previous page, skip to section 6.

Hints & tips Is there something you can do to reduce or alter any negative impact you have identified? *For example when we changed waste and recycling collections to kerbside collections, we offered disabled/less able people assisted collections.* Please list all the evidence you have gathered to support your decision(s) – this could include customer feedback, statistics, comparable policies, consultation results. If you don't have any evidence, please carry out appropriate studies and research to gather the evidence you need to support your decision(s). If you have no/insufficient evidence or cannot gather any, you will need to complete a full EIA. For further guidance, see Section 4 of the help notes.

Actions you need to take	We will make the following change(s) to the service/policy to reduce the negative impact. Explain the change(s) and the evidence you have to support your decision? <input checked="" type="checkbox"/> Use section 4b below if you want to give more details.	We won't make changes as we can justify our decision and there are sound reasons behind our decision. Justify why and detail the evidence you have gathered to support your decision. <input checked="" type="checkbox"/> Use section 4c below if you want to give more details.	There is a negative impact, and we cannot justify it and/or have no, or insufficient, evidence to support our decision. <input checked="" type="checkbox"/> You will need complete a full equality impact assessment. See the help notes for more details.
Groups of users			
Age ranges (indicate range/ranges)			
Disability (physical, sensory or learning)			
Gender / sex			
Transgender / gender reassignment			
Race (includes ethnic or national origins, colour or nationality)			
Gypsies and travellers			
Refugees / asylum seekers			
Sexual orientation			
Religion or belief (includes lack of belief)			
Pregnancy and maternity			
Carers or the people cared for (dependants)			
Other (please specify)			

4b: Further details on changes

Please use the space below to give more details on the changes you will make, if necessary:

4c: Further details on justification

Please use the space below to give more details on the justification/evidence you have gathered, if necessary:

Section 5: Your action plan

Help notes If, as a result of this assessment, you are going to adapt your plans or policy, please include details below. Please include a quick action plan and key dates that will show how you will review your decisions and when. Please include responsibility and expected outcomes. For full guidance on how to complete this section, please refer to the help notes.

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Section 6: Record your actions (delete as appropriate)

I have sent this to the equality officer for publication on the intranet and on www.lichfielddc.gov.uk	Yes
Date completed: 16 th June 2014	