

## Equality Impact Screening (EMPLOYMENT)

| 1. SUMMARY INFORMATION   |  |
|--|--|
| Name of policy / project:  | Policy on Alcohol and Drug Misuse in Employment  |
| What is the aim or purpose of the policy / project?                    | The purpose of this document is to provide guidance to both line managers and employees in respect of the misuse of alcohol and drugs in the workplace and options available |
| Who is affected by this policy / project?                              | All employees  |
| Who is responsible developing this policy or delivery of this project? | The Human Resources Section  |

| 2. INITIAL SCREENING QUESTIONS – DOES THIS POLICY / PROJECT:             |     |    |
|--|-----|----|
| Introduce a new policy or amends an existing policy affecting employees? | Yes |    |
| Involve a change of departmental or Company structure?                   |     | No |
| Involve a reduction or increase in workforce?                            |     | No |
| Change employee's terms and conditions                                   |     | No |
| Change employee's working hours?   |     | No |
| Change employee's work location?   |     | No |
| Change aspect of employee's physical work environment?                   |     | No |
| Introduces new or amends existing working practices for employees?       |     | No |

| 3. EQUALITY ACT 2010 SCREENING QUESTIONS  |  |                  |
|---|--|------------------|
| Question  | Protected Characteristic               | Potential Impact |
| 1. Will this policy or decision impact on each of the groups shown opposite in different or particular ways?<br><br>If yes please provide detail in the end column. | Age                                    | None             |
|   | Disability                             | None             |
|   | Gender Reassignment                    | None             |
|   | Pregnancy & Maternity                  | None             |
|   | Race                                   | None             |
|   | Religion or Belief                     | None             |
|   | Sex (Gender)                           | None             |
|   | Sexual Orientation                     | None             |
|   | Employees with Caring Responsibilities | None             |
|   | Full Time Employees                    | None             |
| Part Time Employees   | None                                   |                  |

| Question  | Protected Characteristic   | Potential Impact     |
|---|--|----------------------|
| <p>2. Is there a risk that any part of this policy or decision could cause discrimination to any of the groups opposite?</p> <p>If yes please provide detail in the end column.</p> | Age  | None                 |
|   | Disability   | None                 |
|   | Gender Reassignment  | None                 |
|   | Pregnancy & Maternity  | None                 |
|   | Race   | None                 |
|   | Religion or Belief   | None                 |
|   | Sex (Gender)   | None                 |
|   | Sexual Orientation   | None                 |
|   | Employees with Caring Responsibilities   | None                 |
|   | Full Time Employees  | None                 |
|   | Part Time Employees  | None                 |
| Question  | Three needs of Equality Act 2010   | Potential Impact     |
| <p>3. How can this policy or decision help us to:</p>   | Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010? | This does not apply. |
|   | Advance equality of opportunity between people who share a relevant protected characteristic and those who do not?             | This does not apply. |
|   | Foster good relations between people who share a protected characteristic and those who do not?                                | This does not apply. |

| 4. CONCLUSION   |   |    |
|---|---|----|
| <p>4. Should you proceed to a full EEqIA for this policy or decision?</p> <p>Please provide a brief statement explaining why you have made this decision.</p> |   | No |
|   | The policy provides an overview of the employers/employees responsibility and identifies sources of assistance. |    |
| <p>5. Did you identify anything in questions 1. 2 or 3 which you have incorporated into the policy development or project plan?</p>                           | No  |    |

|   |    |
|---|----|
| If yes, please provide a brief statement about this opposite.   |    |
| <p>6. Have you identified anything which is likely to change during the implementation stages of the project or policy development which would result in your reviewing this screening?</p> <p>If yes, please provide a brief statement opposite.</p> | No |

| <b>5. SCREENING SIGN OFF</b>   |                   |                       |                  |
|--------------------------------|-------------------|-----------------------|------------------|
| <b>Responsibility</b>          | <b>Print Name</b> | <b>Signature</b>      | <b>Date</b>      |
| <b>Lead Officer</b>            | Mary Fitzpatrick  | M Fitzpatrick         | 10 December 2014 |
| <b>Human Resources Manager</b> | Paul McGaulley    | <i>Paul McGaulley</i> | 16 December 2014 |