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## Emergency Lockdown Policy

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Purpose of Agreement	The Emergency Lockdown Policy and associated procedures are implemented post incident to provide additional management controls to ensure the safety of staff, patients and visitors as well as other employers / contractors when a serious untoward incident or event occurs on Trust property or the in the local community
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Document Manager (Name & Job Title)	Accredited Security Management Specialist (ASMS)
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## Review Log

Include details of when the document was last reviewed:

Version Number	Review Date	Name of reviewer	Ratification Process	Reason for amendments
2	February 2020	Stuart Francis	Policy Steering Group	3 Yearly Update

## Amendments Summary

Amend No.	Issued	Page (s)	Subject	Action Date
Version 1	Dec 16		Policy re-written	Dec 16
Version 2	Dec 19	4	Moved definitions to section 11	February 2020 Policy Steering Group
	Dec 19	15/16/17	Lockdown Action Cards removed, and new style replaced Annex D and E	
	Jan 2020	4/5/6	Changed placement of Procedure and Roles from section 3 to section 4	

## Executive Summary

This policy gives comprehensive guidance to all staff and volunteers of the procedures to follow when any Solent service is advised to lockdown during an Incident that results in the threat of staff and patients working on site.

This policy will advise on part or full lockdown of all Solent premises whether fully owned, partly owned, rented or occupied by Solent NHS Trust staff. The policy will provide Management with the tools and confidence to act quickly during a lockdown.

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## Emergency Lockdown Policy

### 1. INTRODUCTION & PURPOSE

- 1.1 Lockdown is the purpose of controlling the movement or the access and egress of people around Trust properties and buildings. The act of Locking down is initiated in response to any identified risk, threat or hazard that is likely to impact the safety and security of staff, patients and visitors, or assets of Solent NHS Trust.
- 1.2 Solent NHS Trust is required to provide a safe and secure environment in which staff, patients and visitors may, without fear of harm, engage in a therapeutic regime. A lockdown may be instigated by the Trust as part of a security incident or the major incident plan. This may be in partnership with other NHS Trusts or landlords as directed by external agencies i.e. Police, Fire & Rescue.
- 1.3 Directors and Managers may also need to be able to lockdown their specific area in the event of a localised security incident i.e. missing patient or aggressive/violent patient. The ability for Solent NHS Trust to lockdown its sites/building/departments fits in with the statutory responsibilities defined in the Civil Contingency Act 2004.
- 1.4 The purpose of this policy is to provide guidance to managers and staff that will enable them to follow appropriate steps to achieve a lockdown on the site that they manage/occupy. It is to work alongside the emergency plans already in place as well as business continuity plans but may be used as a standalone policy if required. It must be remembered that many sites/buildings have multi-agency occupancy so Solent NHS Trust plans must fit with any overreaching lockdown plan that is already in place. Advice from the Trust ASMS should be sought in conjunction with the building custodian.

### 2. SCOPE

- 2.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.

### 3. PROCEDURE & IMPLEMENTATION

#### 3.1 Types of Lockdown

- 3.1.1 When locking down a facility, there are three key elements; preventing the entry, exit and movement of people on a Trust site/building. In preventing entry, exit or movement, or a mix of all three, the overreaching aim of implementing a lockdown is either to exclude or contain persons within a specified area. A lockdown may be partial, progressive or full. All visitors should be requested to follow directions to support a lockdown; however, it is noted that containment of any person against their will is prohibited by Law.

### **3.1.2 Partial Lockdown**

A partial lockdown is the locking down of a specific building, or part thereof. The decision to implement such a procedure will usually be in response to an incident on site or, by order of the Police. This response will help to ensure that identified critical assets such as staff or property are protected effectively.

### **3.1.3 Progressive Lockdown**

A progressive or incremental lockdown can be a step-by-step lockdown of a site or building in response to an escalating situation.

### **3.1.4 Full Lockdown**

A full lockdown is the process of preventing freedom of entry or exit to a building/site. In order to ensure a safe and secure environment it is essential that all relevant stakeholders engage in the development of a robust action plan.

## **3.2 Who Implements Lockdown?**

3.2.1 A lockdown should be considered in a variety of situations, many of which require an immediate implementation and others which are in response to a major incident. It is clear that if an incident is taking place outside a premise, the senior member of staff present should have the authority to make a decision to lock the premise as an immediate response to protect Trust staff. Equally, any lockdown will involve reporting to the on call Director out of hours during normal hours contact is made to the Emergency planning Lead, Deputy Emergency Planner and/or duty manager during business hours 08:00-16:30 as it is they who decide if the lockdown should continue or not.

## **3.3 Controlling Access/Egress**

3.3.1 During a lockdown, employees must remember that because the majority of health care establishments are usually open to the public, it is wrongly assumed that visitors automatically have right of access. However, the owner of such premises has the right to refuse access if and when required.

3.3.2 Staff should remember, it is unlawful to forcibly prevent a person exiting a site/building, with the exception of those users who are legally detained under the Mental Health Act (MHA) and Deprivation of Liberty Safeguards (DoLS).

3.3.3 A lockdown, although a temporary measure, could still be construed as depriving a person of their liberty and as such, the above legal framework should always be kept in mind.

## **3.4 Developing and creation of Lockdown Procedures**

3.4.1 Emergency Lockdown Procedures will be in all sites that Solent either own or have a full managed service agreement or tenancy leased agreement. In some cases, NHSPS or CHP or some schools may have their own procedures staff working on these sites must make themselves aware. If there is no procedure in existence, then contact must be made with the ASMS to rectify this issue. Having a Lockdown Procedure in place will ensure that staff are able to quickly achieve a partial or full lockdown in the event of an emergency.

These arrangements may vary in complexity depending on the size of the building/site and the scale of the emergency.

- 3.4.2 The lockdown Procedure and action card will have been provided to Premises managers by the ASMS and the H&S Manager. The procedures would have been created during any workplace inspections or security reviews.
- 3.4.3 The procedures will have been shared with any premise managers for each site and the nominated service lead. The documents once created becomes the responsibility of the premises manager who will ensure that it is fit for purpose and is regularly updated to ensure that when tested will ensure full lockdown in the shortest time possible.

### 3.5 Staff refuge

- 3.5.1 As part of the assessment of the procedure a refuge room should have been identified. The room is best suited to any room where there is telephony (mobile, ability to Skype), is lockable and ideally secure from outside incursion and has a minimum number of windows, or no, windows. This will be the safest area in the event of an armed assault against the building. Although very unlikely, it would be preferable to have identified this room prior to it being required.
- 3.5.2 Premises Managers will ensure that Lockdown Action cards and procedures, are placed in a prominent position within each office or staff secured area so that staff can familiarise themselves with what is required during a lockdown.
- 3.5.3 Printing of the procedures can be undertaken by the premise manager, but the documents must be laminated for longevity and ease of use, the laminations will also ensure that the documents are suitable with regard to any Infection control purposes.

## 4. ROLES & RESPONSIBILITIES

- 4.1 **The Chief Executive** has overall responsibility for the safety and security of staff and patients, whilst ensuring the Trust has a lockdown policy in place in accordance with the criteria set by CQC.
- 4.2 **Chief Finance Officer / The Security Management Director (SMD)** are responsible for the security management of the Trust. The SMD is responsible for providing, where reasonably practicable, a safe and secure working environment and ensuring the safety and security of staff, patients and visitors.
- 4.3 **The Accredited Security Manager (ASMS)** is responsible for: The development of this policy, following guidance from NHS England Providing guidance over the characteristics that will influence the ability of any site to effectively lockdown and the resources required to do so. Support site teams with the development of their lockdown process and procedures as well as supporting any interagency collaboration.
- 4.4 **The Estates team** are responsible for issues relating to the functionality of buildings. They will have an in-depth knowledge of the structure and various systems that operate within the building/area. This knowledge will be invaluable when determining whether it is possible to achieve a full or partial lockdown. They will also ensure that where modifications are required, they are implemented quickly to ensure that a lockdown can be achieved.
- 4.5 **The Emergency Planning Lead (EPL)** is responsible for the development of the Trusts Incident Response Plan and any BCP Business continuity plans, which documents plans and advice on preparing for certain types of major incidents.

- 4.6 **The Trusts Communications Team** will help ensure that a controlled message is broadcast to staff, patients and visitors within the Trust and to the general public, informing them of the current situation. At no point should staff speak directly to the local/national media without going through the Trusts Communications Team first.
- 4.7 **Premise, Line Managers** are accountable for ensuring;
- They work with their teams, estates representatives and the ASMS to identify and document critical assets within their area of responsibility.
  - Develop a lockdown profile for their site/department, taking into consideration local circumstances and the NHS service provided.
  - When services on site change, the lockdown plan must change accordingly.
  - Determine if a lockdown (partial or otherwise) is achievable.
  - Identify appropriate resources to undertake a lockdown.
  - Identify and disseminate a single point of contact and a backup, for notification of a requirement to activate lockdown procedures.
  - Disseminate lockdown plans to the appropriate teams to ensure that if a lockdown is required, they are aware of their roles and responsibilities.
  - Maintain the lockdown plan with the local procedures, business continuity plan.
  - That plans are tested for robustness and appropriate amendments or revisions are cascaded.
- 4.8 **All Employees** have a responsibility to take reasonable care of their own safety and security as well as the safety and security of others and to participate as required in the event of a lockdown being implemented. In order to support a lockdown; staff will be assigned relevant activities to support lockdown procedures. Staff should report to their line manager situations where exposure to any security or infection hazard/threat may give cause for concern so that investigation and the suitable action may be taken.

## 5. TRAINING REQUIREMENTS

- 5.1 There is no specific training in relation to this policy, but the following staff/groups need to be familiar with their area of responsibilities lockdown procedure:

Facilities Manager/s  
Building Manager/s  
Departmental/Service Manager/s  
Estates Manager/s  
Security Staff (where applicable)

- 5.2 All local staff should be aware of the lockdown policy and those that are nominated or work in the area to be locked down must be aware of how to lockdown, either by a test / desktop exercise so that they are familiar with what the procedure and action cards requests of them. Premise Managers or Service Leads must oversee this awareness is checked during the tests of the procedure.
- 5.3 Action cards are produced for each area through a site review with the nominated service lead, ASMS and H&S Manager and procedures agreed. The action card is signed off by the service and formally issued and recorded on the compliance MiCAD system. Each action card is reviewed annually with the nominated service lead and updated and

reissued, reminders of the review date are issued automatically by the MiCAD system at 30 day, 15 day and 5 day intervals.

## 6. LEGAL FRAMEWORK

6.1 Article 5 of the Human Rights Act states that no-one may be deprived of their liberty unless it is in accordance with a procedure prescribed by law. In the healthcare context in England & Wales, there are primarily three (3) legal frameworks regulating a deprivation of liberty:

6.1.1 Mental Health Act 1983  
Deprivation of Liberty Safeguards Authorisation under the MCA 2005 Court Orders under Sect. 16 MCA 2005

## 7. MONITORING COMPLIANCE / TESTING

7.1.1 As a minimum, the following will be monitored to ensure compliance:

Element to be monitored	Lead	Tool	Frequency	Reporting
Table top lockdown exercise should be carried out in accordance with local procedures	Service/Clinical Manager	Lockdown action cards/procedure list	Annually	Non-compliance will be reported through the H&S Sub Committee
<b>Training</b> – All local staff who would be nominated/work in the area to be lockdown	Service/Clinical Manager	L&D staff training records	Initially then every 3 years	Line Manager
<b>Priority one (1) Sites</b> Solent owned properties, inpatient areas and clinical settings involving patient contact	Estates / ASMS	Lockdown Review	<b>Annually</b>	Compliance Team / Emergency planning and resilience team
<b>Priority two (2) Sites</b> Clinical services with no direct patient contact, schools	Estates / ASMS	Lockdown Review	<b>Bi-Annually</b> Unless there are any significant changes to site or services	Compliance Team / Emergency planning and resilience team
<b>Priority Three (3) site</b> Seasonal booking rooms or clinical administration offices and community day centre	Estates / ASMS	Lockdown Review	<b>Tri-Annually</b> Unless there are any significant changes to site or services	Compliance Team / Emergency planning and resilience team



7.1.2 Reviewing of the Procedures will be completed corresponding to the priority 1, 2 or 3 and as such each premise manager will be notified by Micad that their policy will be due for test or renewal.

1. 30 days before expiry
2. 20 days before expiry
3. 10 days before expiry
4. 5 days before expiry
5. Every day after expiry until it is renewed.

7.1.3 Failure to renew the policy and procedure in the allotted time frames will be reported to the H&S Manager and the ASMS.

## **8. POLICY REVIEW**

8.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## **9. EQUALITY IMPACT ASSESSMENT**

9.1 This policy has not identified any significant equality or diversity issues

9.2 *Equality Impact Assessment can be found at (Annex D)*

## **10. REFERENCES TO OTHER DOCUMENTS**

Mental Health Act 1983 (as revised 2007)  
Mental Health Act Code of Practice 1999 (as revised 2008)  
European Convention of Human Rights  
Deprivation of Liberty Safeguarding  
Mental Capacity Act 2005  
Ulysses (Incident Reporting System)

## **11. Glossary / Definitions**

ASMS – Accredited Security Management Specialist  
EPL – Emergency Planning Lead  
CBRN – Chemical, Biological, Radioactive, Nuclear  
SMD – Security Management Director  
MHA – Mental Health Act 1983  
MCA – Mental Capacity Act 2005  
CQC – Care Quality Commission  
BCP- Business Continuity Plan  
EPRR- Emergency Planning Response and Resilience  
DOLS- Deprivation of Liberty Safeguards  
NHSPS – National Health Service Property Services  
CHP- Community Healthcare Partnerships



## Annex A - Lockdown Action Card Specimen 1

Highpoint Venue  
Bursledon Road, Thornhill  
Southampton  
SO19 8BR



### LOCKDOWN ACTION CARD

CONTACT Helen Moody Premises Manager 07770 542352



Main Entrance from Car Park to Bar area and Coffee shop area to be locked by lowering the exterior shutters down. (30 Seconds)



Door from Car Park to Job Centre / Internet café to be locked with provided key by Security



Main Fire Escape to reception desk (side) to be kept locked and only used in event of a fire breaking out. (Push Pad)



Main entrance door to be locked by security using provided Key. (Right wing reception)



Main entrance door to be locked by security using provided Key. (Left wing reception)

## Annex B - Lockdown Action Card Specimen 2

Highpoint Venue  
Bursledon Road, Thornhill  
Southampton  
SO19 8BR



Drop all exterior Shutters on Stairwells / pedestrian and Vehicular access points



Solent Office block fire exits to remain closed with Push bars only used in the event of a fire breaking out



Solent Office Access (First floor) to be kept locked with the Net 2 Access locks



Doors to all Exterior walk ways for window cleaning to be kept locked and secured

- On Call manager for Southampton to be informed on 0844 589 6187
- Solent on call Director informed on 0871 234 6125
- Staff to call (9)999 to report incident if originated from inside
- Staff and visitors on site to congregate in main corridor away once locked down and remain out of sight of doors and windows.
- All office doors / Blinds to be Pulled or drawn closed

This lockdown procedure will be stored on [SoNet](#) Emergency Zone email to [sarah.yearsley@solent.nhs.uk](mailto:sarah.yearsley@solent.nhs.uk)



Solent NHS Trust  
High Point Views  
Bursledon Road  
Southampton  
SO19 8BR

Date: Tuesday 18<sup>th</sup> December 2018

**SECURITY LOCKDOWN OF HIGHPOINT VENUE BURLSEDON ROAD SOUTHAMPTON (HQ)**

My name is .....and I am the Premises Manager for Solent Trust Head Quarters based at the Highpoint Venue where a number of Solent Trust staff are based.

The Headquarters is located at the **Highpoint Venue Bursledon Road Thornhill Southampton SO19 8BR**. The venue is owned and controlled by Plus You LTD which is a charity run organisation.

In the event of an emergency situation whereby the HQ would need to be secured, the following action would take place;

- Main entrance and exit vehicle gates to be locked and secured to prevent vehicular access to site
- Main Entrance from Car Park to Bar area and Coffee shop area to be locked by lowering the exterior shutters down. (30 Seconds)
- Door from Car Park to Job Centre / Internet café to be locked with provided key by Security
- Main Fire Escape reception desk (side) to be kept locked and only used in event of a fire breaking out. (Push Pad)
- Main entrance door to be locked by security using provided Key. (Right wing reception)
- Main entrance door to be locked by security using provided Key. (Left wing reception)
- Drop all exterior Shutters on Stair wells / pedestrian and Vehicular access ground car parking points
- Solent Office block fire exits to remain closed with Push bars only used in the event of a fire breaking out
- Solent Office Access (First floor) to be kept locked with the Net 2 Access locks
- Doors to all Exterior walk ways for window cleaning to be kept locked and secured
- On Call manager for Southampton to be informed on **0844 589 6187**
- Solent on call Director informed on **0871 234 6125**
- All windows and doors to be closed and locked
- All blinds to be drawn or closed
- Reception area to dial **(9)999** and report to police if originated inside the premises
- Staff and visitors on site to congregate in main corridor (offices) on first floor once locked down and remain out of sight of doors and windows.

All of the above actions are synchronised with the building owners Lockdown Procedure. This can be found by contacting Plus You Limited.

Yours sincerely

This lockdown procedure will be stored on SolNet Emergency Zone email to [sarah.yearsley@solent.nhs.uk](mailto:sarah.yearsley@solent.nhs.uk)

Solent NHS Trust Headquarters, Highpoint Venue, Bursledon Road, Southampton, SO19 8BR  
Telephone: 0300 123 3390 Fax: 023 8053 8740 (safehaven) Website: [www.solent.nhs.uk](http://www.solent.nhs.uk)  
Facebook: Solent NHS Trust Twitter: @SolentNHSTrust

## (Annex D)

### Equality Analysis and Equality Impact Assessment

**Equality Analysis** is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

**Equality Impact Assessment** (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

### Equality Impact Assessment (EIA) *see supporting guidance on pg 3*

#### Step 1: Scoping and Identifying the Aims

Service Line / Department	All Employees	
Title of Change:	Emergency Lockdown Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	To update the current EIA at policy renewal	

#### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below:

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			This policy has no negative or positive impact on any persons based on the protected characteristics. And is designed to protect life and limb.

Gender reassignment			This policy has no negative or positive impact on any persons based on the protected characteristics. And is designed to protect life and limb.
Disability			This policy has no negative or positive impact on any persons based on the protected characteristics. And is designed to protect life and limb.
Age			This policy has no negative or positive impact on any persons based on the protected characteristics. And is designed to protect life and limb.
Sexual Orientation			This policy has no negative or positive impact on any persons based on the protected characteristics. And is designed to protect life and limb.
Pregnancy and maternity			This policy has no negative or positive impact on any persons based on the protected characteristics. And is designed to protect life and limb.
Marriage and civil partnership			This policy has no negative or positive impact on any persons based on the protected characteristics. And is designed to protect life and limb.
Religion or belief			This policy has no negative or positive impact on any persons based on the protected characteristics. And is designed to protect life and limb.
Race			This policy has no negative or positive impact on any persons based on the protected characteristics. And is designed to protect life and limb.

*If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.*

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	H&S Manager EPRR Lead
Have you taken into consideration any regulations, professional standards?	Yes	NHS Standards for Providers
In drafting your document have you identified any discrimination issues, and if so how have they been mitigated?	No	

### Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	None at this stage		
Who will be responsible for monitoring and regular review of the document / policy?	ASMS and EPRR Lead		

### Step 4: Authorisation and sign off

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

Equality Assessor:

Date:

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*This section is to be agreed and signed by the Head of Diversity and Inclusion in agreement with the Diversity and Inclusion Strategy Lead:*

Diversity and Inclusion authoriser  
name:

Date:



## Additional guidance

Protected characteristic	Who to Consider	Example issues to consider	Further guidance	
1	<b>Disability</b>	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Communication formats (visual &amp; auditory)</li> <li>• Reasonable adjustments.</li> <li>• Vulnerable to harassment and hate crime.</li> </ul>	Further guidance can be sought from: Solent Disability Resource Group
2	<b>Sex</b>	A man or woman	<ul style="list-style-type: none"> <li>• Caring responsibilities</li> <li>• Domestic Violence</li> <li>• Equal pay</li> <li>• Under (over) representation</li> </ul>	Further guidance can be sought from: Solent HR Team
3	<b>Race</b>	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Language</li> <li>• Cultural traditions</li> <li>• Customs</li> <li>• Harassment and hate crime</li> <li>• "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic</li> </ul>	Further guidance can be sought from: BAME Resource Group
4	<b>Age</b>	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> <li>• Assumptions based on the age range</li> <li>• Capabilities &amp; experience</li> <li>• Access to services technology skills/knowledge</li> </ul>	Further guidance can be sought from: Solent HR Team
5	<b>Gender Reassignment</b>	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> <li>• Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.</li> </ul>	Further guidance can be sought from: Solent LGBT+ Resource Group
6	<b>Sexual Orientation</b>	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> <li>• Lifestyle</li> <li>• Family</li> <li>• Partners</li> <li>• Vulnerable to harassment and hate crime</li> </ul>	Further guidance can be sought from: Solent LGBT+ Resource Group
7	<b>Religion and/or belief</b>	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> <li>• Disrespect and lack of awareness</li> <li>• Religious significance dates/events</li> <li>• Space for worship or reflection</li> </ul>	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	<b>Marriage</b>	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> <li>• Pensions</li> <li>• Childcare</li> <li>• Flexible working</li> <li>• Adoption leave</li> </ul>	Further guidance can be sought from: Solent HR Team
9	<b>Pregnancy and Maternity</b>	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> <li>• Employment rights during pregnancy and post pregnancy</li> <li>• Treating a woman unfavourably because she is breastfeeding</li> <li>• Childcare responsibilities</li> <li>• Flexibility</li> </ul>	Further guidance can be sought from: Solent HR team