



Equality, Inclusion and Diversity Policy

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This policy is reviewed annually or when there are significant changes in legislation or accreditation requirements

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1.0 Introduction

The purpose of the Equality, Diversity, and Inclusion (EDI) policy is to ensure that all individuals within Medicall understand our approach to colleagues and patients who may have different ethnicities, belief systems, sexual orientation, ages or ability. We are committed to promoting a culture of inclusivity, where diversity is valued, and everyone has equal opportunities to thrive and contribute. Awareness of EDI issues is key to clear respectful communication with colleagues and patients.

2.0 Scope

This policy applies to all employees, contractors, and visitors that Medicall work with. It encompasses all aspects of employment, education, training, and service delivery.

2.1 Commitment

Medicall are committed to eliminating Discrimination by prohibiting discrimination, harassment, and victimisation based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

2.2 Promoting Equality

Medicall aim to ensure equal opportunity is the standard for recruitment, employment, and progression. Progression will be based on competency in the English language, skills assessment/ability, knowledge, competencies assessment and professional attitude.

2.3 Fostering Diversity

Medicall values and respects those with diverse backgrounds, skills, and different perspectives. It is important that we encourage inclusion and create an environment where everyone feels welcome, valued, and supported. Respect for other opinions is a basic requirement and irrespective of background, all practitioners and staff must align with Medicall's approach.

Medicall is multicultural and employs PHECC registered practitioners from many countries. There is a record of "The right to Live and Work in Ireland" recorded on our Traumasoft system along with Visa expiration dates.

2.4 Definitions

Equality:

Ensuring individuals or groups are not treated less favourably based on protected characteristics.

Diversity:

Recognising, respecting, and valuing differences in individuals.

Inclusion:

Creating an environment where everyone feels accepted, valued, and able to contribute fully.

3.0 Responsibilities

Medicall Management Responsibilities:

Management will lead by example in promoting EDI principles and implement and monitoring the effectiveness of this policy. We will ensure compliance with relevant legislation and best practices.

Employees Responsibilities:

Staff will uphold the principles of EDI in their interactions and how they conduct themselves. They will report any instances of discrimination, harassment, or victimisation to management and participate in training and development related to EDI.

3.1 Governance and Oversight

Medicall's management will develop and review EDI policies and procedures. Training will be provided as part of the induction process and there will be resources made available to support EDI initiatives.

3.2 Implementation

If there are new initiatives, Medicall will Provide regular updates for all staff. Medicall are happy to offer resources and support to promote understanding and awareness of EDI issues. All Medicall practitioners are required to complete the HSELand Module on Cultural Diversity and records of certification are kept on Traumasoft.

3.3 Recruitment and Selection

Medicall ensure that the recruitment processes are fair, transparent, and inclusive. Where possible, we actively seek to attract a diverse pool of candidates. All candidates are employed using a competency-based approach and the most successful candidate is successful regardless of background.

3.4 Support and Resources

Medicall provide mentors and supervisors to support all new staff members. New staff are monitored and evaluated to ensure their needs are met and that their behaviour and demeanour is in keeping with Medicall's inclusive approach.

3.5 Data Collection

Medicall gather data on the diversity of our workforce. We encourage feedback on EDI issues through surveys and suggestion boxes. We review our EDI policies, procedures, and practices in line with our document development policy to ensure they remain effective and relevant.

3.6 Reporting and Addressing Issues

Medicall has a clear and confidential process for reporting and addressing complaints related to discrimination, harassment, and victimisation. Investigations are conducted thoroughly and impartially. Medicall take appropriate action to resolve issues and hold individuals accountable for breaches of this policy. The approach may be disciplinary or educational depending on the outcome of the investigation. Serious breaches of current legislation may lead to dismissal of an employee.

3.7 Communication

This policy is available to all employees, on the Medicall MOODLE platform. It is available to all staff, students, and relevant stakeholders. Records of training will be maintained for all staff.

3.8 Patient Challenges

Treating a diverse multicultural patient cohort in Ireland presents unique challenges for ambulance services, ranging from communication hurdles to differing perceptions of authority and medical care. Below is a list of cultural issues and practical guidance for addressing them in a pre-hospital setting:

4.0 Language Barriers and Communication

Challenge:

Limited English Proficiency (LEP) can delay critical care, lead to diagnostic errors, and cause anxiety for both the patient and paramedics.

Advice:

Use simple, plain language and avoid medical jargon (e.g., say "help your heart" instead of "stabilise").

Use Google translate or language phrasebooks rather than family members, when possible, to ensure accuracy and confidentiality.

Ask open-ended questions starting with "Who," "What," or "When" to confirm understanding, as some cultures may say "yes" out of respect even if they do not understand.

Support communication with visual aids or translation apps specifically designed for emergency services.

4.1 Perception of Authority and Modesty

Challenge:

In many cultures, Paramedics are viewed as authoritative figures, which may lead patients to avoid eye contact or remain silent as a sign of respect. Additionally, modesty concerns may make patients reluctant to undergo physical examinations.

Advice:

Clearly explain your role and the necessity of each step in your treatment or examination.

Maintain a friendly, open posture and respect personal space until physical contact is required.

Offer the choice of a female clinician for sensitive examinations if available and appropriate, particularly for patients from backgrounds with strict modesty norms.

4.2 Diverse Health Beliefs and Traditional Practices

Challenge:

Patients may attribute illness to spiritual causes, prefer traditional remedies, or have fatalistic views toward health (notably seen in some segments of the Irish Traveller community).

Advice:

Practice cultural humility by asking patients what they believe is causing their condition and what their expectations are for treatment.

Be aware of religious observances that may affect care, such as fasting during Ramadan or specific preferences regarding treatments.

Respectfully explain the biomedical rationale for the proposed treatment while acknowledging their cultural perspective to build trust.

4.3 Family Involvement and Decision Making

Challenge: Some cultures prioritise collective family decision-making over individual autonomy, which can complicate quick decision-making in emergencies.

Advice:

Identify the family spokesperson early but continue to speak directly to the patient to maintain rapport.

Allow time for family discussion if the situation is not immediately life-threatening.

Briefly explain the urgency of the situation if immediate action is required, ensuring they understand the risks of delay.

4.4 Trust and Previous Experiences with Services

Challenge: Recent migrants or marginalised groups (such as [refugees or asylum seekers](#)) may have had negative experiences with authorities in their home countries or face systemic barriers in Ireland, leading to mistrust.

Advice:

Build rapport by using person-first language (e.g., "a person with diabetes" rather than "a diabetic").

Be mindful of unconscious biases that can be exacerbated by high-stress, time-constrained environments like ambulance calls.

Medicall makes the [HSE Intercultural Guide](#) available to all staff on the MOODLE platform.

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