

Equality Impact Assessment (EIA)

Resuscitation Council UK is committed to promoting equality, eliminating unlawful discrimination, and actively considering the implications of its guidance for human rights. It aims to comply fully with the Equality Act (2010).

Question	Comment
Name of activity being assessed	RCUK resuscitation Guidelines 2021 for clinical practice
Summary of aims and objectives of the activity	RCUK Guidelines 2021 are evidence-based guidelines distilled from ILCOR COSTR recommendations and ERC guidelines. The development follows a process that was accredited by NICE and is currently submitted for reaccreditation. The main aim is to improve survival from cardiac arrest by revising evidence-based practice within the UK for those who sustain a cardiac arrest. They cover all ages, all settings and are relevant to all professionals and the public. They provide evidence-based guidance for the care and treatment of cardiac arrest caused by cardiac or other causes.
Has there been consultation during the process?	Yes
Will the EIA be published?	Yes

	Yes/No	Comments
1. Does the guidance affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	

		Yes/No	Comments
	<ul style="list-style-type: none"> Age 	No	Covers all age groups
	<ul style="list-style-type: none"> Disability – learning disabilities, physical disability, sensory impairment and mental health problems 	No	
	<ul style="list-style-type: none"> Pregnancy and maternity 	No	
2.	Is there any evidence that some groups are affected differently?	Yes	Causes and treatment of cardiac arrest vary with age. The guidelines have sections covering newborn, paediatric and adult patients to address this.
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	Yes	
6.	What alternatives are there to achieving the policy/guidance without the impact?		The UK could adopt the ERC guidelines with no reference to UK practice. This would adversely impact the UK as the UK guidelines are revised and consistent with UK practice where this differs from European practice. An example of this is where certain drugs that are not available in the UK have been removed from the text. The RCUK text uses certain wording likely to increase clarity across the four home nations.
7.	Can we reduce the impact by taking different action?	No	