

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM RECOMMENDATIONS

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in the recommendations of a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues identified in the scope have been addressed in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the National Collaborating Centre and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is submitted with the final guideline, signed by the NCC Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the the guideline lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men
<p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹: Definitions of age groups may vary according to policy or other context.</p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
<p>Religion and belief</p>
<p>Socio-economic status</p> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p>Other categories²</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>²: This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: RECOMMENDATIONS

Guideline title: Feverish illness in children: assessment and initial management in children younger than 5 years.

1. Have the equality areas identified in the scope as needing attention been addressed in the guideline?

Yes.

Two equality areas were identified in the scope:

- the opinions of parents/carers are treated equally irrespective of their background when reporting symptoms and signs.
- in relation to race (different signs and symptoms), mental and physical disability, or religion (physical assessment).

Both of these have been addressed in the updated guideline.

The GDG highlighted that a recommendation addressing the first point had been made in the 2007 guideline, and it was the duty of a health professional to be unbiased in this assessment:

- “Reported parental perception of a fever should be considered valid and taken seriously by healthcare professionals.”

Furthermore, the GDG made a research recommendation in the updated guideline that a study should be undertaken to investigate the actual meaning of parental reported ‘distress’ in a child, as currently no definition was available on which to base assessment.

With regards the second point, the GDG highlighted in the evidence to recommendation section of the traffic light table the potential difficulties of assessing certain symptoms and signs depending on skin tones, and amended the traffic light to reflect this.

- “The GDG stated that it can be difficult to assess pallor or a pale/mottled/ashen/blue appearance in children who have darker skin. Therefore, the GDG altered the wording of the existing recommendation to clarify that a pale/mottled/ashen/blue appearance can be identified on the lips or tongue of a child, as well as their skin. The wording of the green column heading and criteria was then edited to avoid repetition.

Similarly, capillary refill time may be a less useful test in children with darker skin tones. Peripheral measures may have to be used rather than central measures, for example, in the beds of nails. Non-blanching rash may also be harder to detect, and clinicians should be aware of where a rash can be more easily identified, such as palms of hands, conjunctivae, and soles of feet. For further details, please refer to the guideline ‘Bacterial meningitis and meningococcal septicaemia’ (NICE, 2010).

The GDG also discussed potential problems of interpreting the results of the traffic light when assessing a child with learning difficulties. It was believed that many of the symptoms and signs could be difficult to collect or would be outside age-specific ranges. Therefore, the GDG made a specific recommendation in relation :

- “When assessing children with learning difficulties, take the individual child’s learning difficulties into account when interpreting the traffic light table.”

The GDG were unaware of any equality issues in relation to religion.

2. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

No. The GDG stated that the overarching aim of the guideline was the early and accurate detection of serious illness in children with fever. In order to meet this aim the GDG ensured that no group was disadvantaged by any of the recommendations that were made or updated.

3. Do the recommendations promote equality?

Yes, for example the recommendation - "When assessing children with learning difficulties, take the individual child's learning difficulties into account when interpreting the traffic light table." - was outlined to ensure the traffic light table was used appropriately when assessing a child with learning difficulties.