

## 1.0.7 DOC EIA

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

### Inadvertent perioperative hypothermia

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

#### **3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)**

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
--

n/a (no scoping process for clinical guideline updates)
---

3.2 Have any <b>other</b> potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
---

<p>It was identified during development that people whose first language is not English may not have an awareness of the impact of IPH as a risk. This can be addressed by the communicating the appropriate information in alternative formats; for example, making the relevant interpretation services available for patients who require these.</p> <p>It was also noted that people with communication issues may not gain equal access to warming, resulting in poorer outcomes. People with communication problems are also at higher risk of adverse events (for example, they may not be able to communicate that they are too hot during preoperative warming).</p>
---

## 1.0.7 DOC EIA

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Yes, in the section "other considerations" of linking evidence to recommendations section,

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The committee considered that patients who cannot communicate or express themselves may not get such good care (i.e. they may not be able to tell the healthcare professional that they have not had preoperative warming for 30 minutes). This may include people with learning difficulties, older people, people with comorbidities, people with low literacy levels or people whose first language is not English.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

Yes. The addition of recommendation 1.3.7 offer more options for intraoperative warming, therefore alleviating barriers to intraoperative warming by offering the option of resistive heating blanket or mattress instead of forced air warming if appropriate.

The recommendation 1.2.3 identifies that healthcare professionals should "Pay

## 1.0.7 DOC EIA

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

particular attention to the comfort of people with communication difficulties in the pre-operative period [new 2016]". This should alleviate access to services that people with communication difficulties may experience.

Completed by Developer

Nichole Elliot, Associate Director - CGUT

Date

01/09/2016

Approved by NICE quality assurance lead: Sharon Summers-Ma, Guideline Lead

Date

07/10/2016