EQUALITY IMPACT ASSESSMENT
NICE guidelines

Head Injury: Assessment and early management

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

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
A number of stakeholders asked for the guideline to make recommendations to prevent older adults, people who are frail or are receiving the end of the life care from being taken to the emergency department after a head injury. They highlighted that most of these head injuries are minor or that surgical intervention if a CT showed evidence of an intracranial bleed would not be appropriate. The committee agreed these are important factors to consider. The committee has made two additional recommendations 1.1.1 and 1.1.2 to address these issues. These recommendations have been cross referred to in recommendations 1.2.2-1.2.5. Advance care plans also referred to in the stem of these recommendations. To note these recommendations were not updated as part of this update. The committee noted that the ability to assess someone with head injury and anticoagulant or antiplatelet therapy medication at the scene will depend on their training, and that a person may need to be referred to hospital for a variety of reasons -other than the risk of intracranial bleeding. For example, the commonest cause of head injury in older adults is a fall from a standing height and a person on the afore mentioned therapies may require assessment to explore possible acute medical events or unstable co-morbid conditions as causes of the fall (see recommendation 1.10.13). The management of any bleeding scalp/ head wound and the wholistic assessment for extracranial injury also requires expertise that may not be available at scene. A stakeholder asked for an additional recommendation: “Where a patient is detained under the Mental Health Act (1983) and the decision is taken to monitor within the psychiatric environment, ensure that medical, nursing and other staff taking observations are at minimum familiar with neurological observations described under 1.8.10 and are aware of local policies for escalating concerns to more qualified

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personnel". The rationale for this proposed recommendation was that those detained under the MHA do not have freedom to decide to attend emergency services on their own. Psychiatric nurses are often not trained in the use of tools such as GCS. As well as the tragic personal consequences, deaths of patients held under the Act count as deaths in custody with all the complex legal follow-up this entails. The committee decided not to make the additional recommendation suggested above. The recommendations on 'prehospital assessment, advice and referral to hospital' include people detained under the mental health act. The recommendations on observation refer to staff in the emergency department and the committee are not recommending that staff outside of this setting need to be trained. A stakeholder highlighted that people experiencing homeless are at high risk of head injury and do not have ready or consistent access to services or support care needs. They asked that consideration should be given to this group particularly in relation to discharge. Recommendations 1.10.5 and 1.10.9 apply equally to people who are homeless. If a person is unable to be supervised then they would be admitted for a period of observation rather than discharged.

4.2 If the recommendations have changed after consultation, are there any recommendations that 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?
No

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No

1.0.7 DOC EIA (2019)

4.4 If the recommendations have changed after consultation, 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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?
No

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?
Evidence review E discussed the equality issues in relation to What are the indications for selecting adults, young people, children and infants with head injury for CT - people with pre-injury cognitive impairment sustaining injury through low level falls and people on anticoagulant or antiplatelet therapy, including those with no history of amnesia or loss of consciousness (most of the people in this group would be older adults). A recommendation on when to image people on anticoagulant or antiplatelet therapy was made (1.5.13). People in custody: they may be more likely to have had a head injury. Initial assessment may be done by people not specialist in head injury. This group of people have been referred to in the committee's discussion of the evidence in evidence review B. The committee highlighted the importance of ensuring appropriate assessment and transfer to care. They noted the recommendations on how to manage health emergencies and support people with rapidly deteriorating health in the NICE guideline on physical health of people in prison (NG57). Recommendations 1.10.6, 1.10.7, 1.10.8 and 1.10.12 have been edited to refer to custodial settings.

Updated by Developer: Sharon Swain

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Approved by NICE quality assurance lead: Nichole Taske

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