Resuscitation Council UK

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).

Each systematic review undertaken by the International Liaison Committee on Resuscitation included a GRADE Evidence to Decision (EtD) framework. The EtD framework presents evidence in a structured and transparent way to inform decisions in the context of clinical recommendations, coverage decisions, and health system or public health recommendations and decisions. The assessment includes consideration of the problem, desirable effects, undesirable effects, certainty of evidence, values, balance of effects, resources required, certainty of evidence of required resources, cost effectiveness, equity, acceptability, and feasibility.

For further information, see costr.ilcor.org and GRADE handbook. gdt.gradepro.org/app/handbook/handbook.html#h.xr5ac2p2khuq

Question	Comment
Name of activity being assessed	RCUK resuscitation Guidelines 2025 for clinical practice
Summary of aims and objectives of the activity	RCUK Guidelines 2025 are evidence-based guidelines distilled from ILCOR COSTR recommendations and ERC guidelines. The Guidelines align with the rigorous approach taken by the National Institute for Health and Care Excellence (NICE). 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, with a continued emphasis on person-centred care, inclusivity and accessibility across diverse populations and healthcare settings.
Has there been consultation during the process?	Yes
Will the EIA be published?	Yes

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		Yes/No	Comments
1.	**Does the guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	The guidelines seek to ensure equitable access to resuscitation for everyone. Greater emphasis has been placed on inclusive and culturally sensitive language, and specific consideration is given to variations in clinical assessment and monitoring across skin tones, including pulse oximetry accuracy and visual assessment techniques.
	• Ethnic origins (including gypsies and travellers)	No	Equitable access and culturally inclusive language are embedded throughout. The guidelines recognise that population diversity affects presentation, recognition and outcomes of cardiac arrest, and promote universal access to evidence-based interventions, training and resources.
	• Nationality	No	Recommendations are designed to be applicable across all UK nations, with adjustments to reflect health system structure, resource context and accessibility.
	• Gender	No	The guidelines promote equitable access and explicitly address known gender disparities in cardiac arrest response and outcomes. Evidence demonstrates that women are less likely to receive bystander CPR or defibrillation; guidance includes clear instructions on defibrillation pad placement for individuals wearing bras and promotes inclusive imagery and language to support confidence in rescuers of all genders.
	• Culture	No	Guidelines are evidence-based but sensitive to cultural and societal factors influencing emergency response and decision-making.
	• Religion or belief	No	Ethical guidance explicitly recognises the importance of person-centred, values-based care and shared decision-making,

			consistent with the Equality Act 2010 and ReSPECT principles.
	• Sexual orientation:	No	No differential impact. The guidelines support inclusive and non-judgemental practice, ensuring care is based solely on clinical need.

		Yes/No	Comments
	• Age	No	The guidelines cover all life stages and include specific recommendations for newborns, paediatrics and adults.
	• Disability – learning disabilities, physical disability, sensory impairment and mental health problems	No	The guidelines promote accessibility in resuscitation training and communication. They encourage adaptation of learning and practice environments to support inclusion.
	• Pregnancy and maternity	No	Specific obstetric and peripartum resuscitation guidance is provided within the *Special Circumstances* section to ensure equitable and evidence-based care for pregnant and postpartum individuals.
2.	**Is there any evidence that some groups are affected differently?**	Yes	The causes, recognition and outcomes of cardiac arrest vary with age, sex, ethnicity and location. Epidemiological data demonstrate inequities in bystander CPR, defibrillator use and outcomes across social and demographic groups. The guidelines include dedicated sections for newborn, paediatric and adult care, integrate evidence on these inequalities, and promote inclusive public education and system-level interventions to reduce disparity.
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?**	No	
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 nations.
7.	**Can we reduce the impact by taking different action?**	No	