

JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Meeting held on Monday 27 November 2006

Present:

Dr T Clarke (Royal College of Anaesthetists), (Chairman)

Dr Chris Carney (Treasurer, Ambulance Service Association)

Dr Fiona Jewkes (Hon Co-Secretary, Royal College of Paediatrics & Child Health)

Mr Martin Flaherty (Hon Co-Secretary, Ambulance Service Association)

Dr Wim Blancke	-	Royal College of Anaesthetists
Dr Simon Brown	-	Ambulance Service Association
Dr Gillian Bryce	-	Ambulance Service Association
Dr Mick Colquhoun	-	Resuscitation Council
Prof. Charles Deakin	-	Royal College of Anaesthetists
Mr Roland Furber	-	British Paramedic Association
Dr Henry Guly	-	College of Emergency Medicine
Mr Rodney Gunn	-	Royal College of Surgeons
Mr Mike Hayward	-	Royal College of Nursing
Dr David McManus	-	Ambulance Service Association
Dr Fionna Moore	-	College of Emergency Medicine
Prof. Tom Quinn	-	Royal College of Nursing
Mrs Claudette Reid	-	Royal College of Midwives
Ms Rachel Ryan	-	British National Formulary
Dr John Scott	-	Ambulance Service Association
Dr Helen Simpson	-	Royal College of Obstetrics and Gynaecology
Dr David Smith	-	Royal College of Physicians
Dr Simon Stockley	-	Royal College of General Practitioners
Dr Howard Swanton	-	Royal College of Physicians
Dr Alison Walker	-	College of Emergency Medicine
Dr Michael Ward	-	Royal College of Anaesthetists

Observers:

Mr Mark Cooke	-	Ambulance Service Association
Jon Ellis	-	East Midlands Ambulance Service NHS Trust
Mr Carl Keeble	-	East Midlands Ambulance Service NHS Trust
Mathew Wyse	-	West Midlands and Staffordshire Ambulance Service NHS Trust
Mr Alan Howson	-	IHCD

08/01 Welcome and Apologies for Absence

- a) The Chairman announced the appointment of new members: Dr George Crooks (Scottish Ambulance Service) who replaces Mr Andrew Marsden, Ms Rachel Ryan (British National Formulary) who replaces Mr Dinesh Mehta and Fizz Thompson (Royal College of Nursing).

- b) Members also welcomed Mr Jon Ellis (East Midlands Ambulance Service NHS Trust) and Mr Carl Keeble (East Midlands Ambulance Service NHS Trust) and Mathew Wyse (West Midlands and Staffordshire Ambulance Service NHS Trust) as guests.
- c) Apologies for absence were received by Dr Matthew Cooke (College of Emergency Medicine), Mrs Sue Dodd (Department of Health), Mr Richard Diment (Ambulance Service Association), Dr Tom Evans (Royal College of Physicians), Mrs Kathryn Glover (Department of Health), Dr Jeremy Mayhew (Ambulance Service Association), Fizz Thompson (RCN), Mr Pat McFadden (Health Professions Council), Mr Dinesh Mehta (British National Formulary), Quen Mok (Royal College of Physicians), Mr Andy Newton (British Paramedic Association), Mr Sam Oestreicher (Staff Side Ambulance Council), Dr Liam Penny (Royal College of Physicians), Dr Tina Sajjanhar (Royal College of Paediatrics and Child Health), Prof. Richard Williams (Royal College of Psychiatry).

08/02 To approve the Minutes of the previous meeting, held on 12 July 2006

07/01 - Wim Blancke sent apologies prior to the meeting to both Simon Land and the Chairman.

07/06 – Tom Quinn did not agree to write a letter to NPSA, NICE and MHRA on new medical devices.

Following amendments the Minutes of the meeting held on 12 July 2006 were approved and signed by the Chairman as a correct record.

08/03 Matters Arising on the Minutes

a) **07/03.a AMBEX/EMS 999 Research Forum**

The Chairman announced that he had attended an AMBEX planning workshop on 9 November on behalf of JRCALC. The ASA had asked for contributions to ideas for the structure and content of the conference in the future. This year it had been suggested that JRCALC might take a more active role in AMBEX and therefore any ideas from the Committee would be welcomed.

One idea that was raised quite strongly in the workshop was that there should be one day entirely devoted to clinical issues. The Committee agreed this sounded sensible, but that the exhibition should also have a clinical focus for all pre-hospital care staff who are unable to attend the conference. It was suggested that the Guidelines should be taken to AMBEX next year in light of the new procedure of updating chapters/sections regularly instead of the entire Guidelines every two years. Mr Hayward (RCN) suggested that Nurses would prefer a more focused programme, and a day devoted to Clinical issues would address this. It was also proposed that areas where knowledge was deficient should be highlighted as possible research areas for AMBEX.

ACTION ALL – to feed any ideas regarding AMBEX back to Chairman.

ACTION SIMON BROWN – to feed back to Chairman regarding possible research areas for AMBEX.

b) **07/03.b Committee Membership, appointment of Hon. Cosec.**

The Chairman reminded members that Dr Iain McNeil's membership as Honorary Co-Secretary had come to an end. The Chairman had asked for nominations for a new appointment. The nominees had been Dr Wim Blancke (RCA), Dr Henry Guly (CEM) and Dr Fiona Jewkes (RCPCH). Following this process, the Chairman announced that Dr Fiona Jewkes was to be appointed as the new Honorary Co-Secretary (Medical) of JRCALC and welcomed her to the position. Dr Jewkes accepted and thanked the Committee.

c) **07/03.c Metropolitan Police workgroup on positional asphyxia (C. Deakin)**

Professor Deakin (RCA) had been invited to attend this Metropolitan Police workgroup but has heard nothing further and awaits information. Dr Brown announced to the Committee that it is important to let Ambulance Personnel know that the new Guidelines have addressed the issues surrounding Restraint Asphyxia.

ACTION MR FLAHERTY – to contact Bruce Brenton (contact to be gained from Prof. Quinn) regarding the Metropolitan Police workgroup.

d) **07/03.d Legal status/administrative arrangements**

The Chairman announced that a lot of time and effort had gone into gaining legal status for JRCALC. Nearly all of the Royal Colleges had now responded to his last letter stating a deadline of 28 May 2006, and the topic has also been actively pursued with the Academy of Royal Medical Colleges. In anticipation of imminent progress a copy of the new Guidelines with a proposal form have now been sent to the Insurers for a quote for indemnity. The Chairman will be contacting the JRCALC solicitor in the week of the 4th December 2006 to progress matters. He assured members that the new legal status should have no direct effect on them and it is simply a process that is necessary for the Committee's protection.

e) **07/03.e FAEM/BAEM amalgamation**

Dr Guly reported that the FAEM no longer exists in its own right. It now is known as the College of Emergency Medicine (CEM) which is based at the Royal College of Anaesthetists. The BAEM and the CEM are still separate organisations and will probably merge after the meeting with the Privy Council in 2007.

f) **07/03.f Fire and Rescue National Framework**

The document "Provision of Fire & Rescue Service National Pre-Hospital Casualty Care" was expected to be available for open comment by the week beginning 17 July 2006 having been approved by an Operations Committee of the CFOA (Chief Fire Officer's Association). However no document has yet been made available and the Committee agreed that it is important that they see a copy as advice should come from JRCALC on the issues.

ACTION DR JEWKES – will contact Dr McNeil to get an update on the situation as he had had links with the ODPM on the subject.

ACTION DR QUINN – to contact Mr Powell as to the whereabouts of the document. (Will feed back to Committee)

g) **07/04.c AAGBI pre-hospital anaesthesia (C. Deakin)**

Prof. Deakin attended the Association of Anaesthetists of Great Britain and Ireland working group as a representative of JRCALC. The group was represented by the following: David Lockey (Chairman, Cons Anaesthesia and Pre-Hospital Care representing Faculty of Pre-Hospital Care), Jerry Nolan (Cons Anaesthesia & Intensive Care representing RCA), Gareth Davies (Cons Emergency Medicine and Pre-Hospital Care representing College Emergency Medicine), Charles Deakin (Cons Anaesthesia and Med Dir Ambulance Service representing JRCALC), Malcolm Russell (Sen Lect Pre-Hospital Care / BASICS GP representing Royal Centre for Defence Medicine / Academic Dept Emergency Medicine), David Zideman (Cons Anaesthesia and Chair of BASICS representing BASICS), John Carter (Cons Anaesthesia and VP AAGBI representing AAGBI) and Prasanna (GAT representative, AAGBI). The group would like to publish guidelines for people who administer anaesthesia in a pre-hospital environment, and a draft of these guidelines should be available after Easter 2007.

It was also agreed that JRCALC should aim to work more closely with the College of Emergency Medicine in the future.

ACTION PROF. DEAKIN – to provide the Committee with a draft copy of the guidelines in 2007.

h) **07/05 Call-to-scene medical assistance (A. Walker)**

Dr Walker agreed in the last Committee Meeting that she would feed back to JRCALC on the situation of ambulance crews being able to call for medical attendance to assist in dealing with patients on-scene. Many Royal Colleges have already responded but some have requested more time, and reminder letters have been sent out. Dr Walker brought to the committee's attention the importance of doctors' observing safety when they are called to scene. Dr Brown announced to the Committee that the Guidelines on treating trapped patients has changed. In the 2004 version, they stated that doctors should be called to scene. However, in the new version, it states that mobilising Senior Clinical help should be considered at the earliest opportunity.

The issue of who is responsible for training professionals to administer anaesthesia on-scene if and when required was raised. The Intensive Care Society was suggested as a possible organisation to gain advice from, as was the Royal College of Anaesthetists. Dr Walker agreed to forward the enquiry on to both organisations.

ACTION DR WALKER – to liaise with the Intensive Care Society and the RCA regarding training for professionals on call to administer anaesthesia.

i) **07/06 New medical devices**

It was agreed by the Committee that there is an issue with new medical devices being used which have no substantial evidence-base to prove that their use improves patient outcome or care. Two specific devices mentioned were the ResqPOD and the Lucas Device although it was recognised that other devices exist. It was also agreed that though there was no compelling evidence to show that such devices improved outcome, neither was there evidence to suggest that their use was detrimental to outcome or caused harm. The Committee agreed that currently JRCALC would endorse any

recommendation that advised services not to purchase any new equipment that has not been properly tested and researched.

The Chairman reported that Professor Chamberlain has been in touch with Roger Boyle suggesting the convening of an expert committee to consider the question, and has asked JRCALC for a representative. Although the Committee was unsure whether such a group was necessary it agreed to the nomination of Prof. Charles Deakin as representative. It was agreed that JRCALC would provide a statement on the matter of medical devices after feedback from representative parties.

ACTION Chairman – to draft a statement advising on the use of new medical devices.

ACTION Professor Deakin – to represent JRCALC on D. Chamberlain's expert group.

j) **07/08 Prehospital airway management review**

The Chairman had asked Professor Deakin to convene a group to discuss airway management. It was noted that the JRCALC Conference on the 28 November 2006, included a session covering this topic. Professor Deakin assured the Committee that he was still creating the group and that if anyone was interested in attending, to let him know. The first meeting will hopefully be held in 2007.

ACTION PROF. DEAKIN – to convene an airway management review committee

ACTION ALL – to inform C. Deakin of interest

08/04 Chairman's Report

a) **Consultations**

i. NICE Stroke Guideline 30/07/06

Dr Walker responded to this Consultation and it was agreed that JRCALC had registered as a stakeholder.

ACTION ALISON WALKER – will feedback on this Consultation to the Committee

ii. Skills for Health Competence and Curriculum Framework for ECPs 29/09/06

Dr Guly had attended as JRCALC representative a Skills for Health Reference Group meeting on October 2nd 2006 regarding the Competence and Curriculum Framework for Emergency Care Practitioners. This had been chaired at short notice by Dr Jewkes (attending on behalf of the RCPCH) and focused on clinical aspects of the role. Considerable discussion and disagreement led to a reconvening of the process early in 2007 and it does appear that the issue is not one that will be resolved easily.

iii. Alteplase in stroke (STA) 11/08/06

The Chairman notified the Committee that JRCALC had been referred by the RCN as a potential stakeholder but it does not appear that JRCALC would be able to make a useful contribution in this instance and has withdrawn from the consultation.

- iv. HPC Standards of Proficiency (paramedics) 06/12/06

The Committee noted that the deadline for this Consultation has been moved to January 2007.

- v. DH Review: The Regulation of the non-medical healthcare professions
10/11/06

The Committee noted that the Chairman had replied to the Department of Health regarding this. (Please contact Chairman for more information)

- vi. HPC Standards of Education and Training 12/01/07

The Committee noted that the deadline for this Consultation is in January 2007.

b) **Scholarships**

The Committee noted that the current scholars would be making their presentations at the JRCALC Conference on Tuesday 28 November 2006. The Chairman notified the Committee that at the present time the funding situation was unclear and the financial situation will need to be reassessed before any decision can be made on further scholarship awards.

c) **Letter from BTS re. Emergency 02 use in adult patients**

Dr Norman Johnson, Chair of the Standards of Care Committee of the British Thoracic Society had written to request acknowledgement of Dr Fionna Moore as JRCALC representative when publishing the "BTS Guideline for Emergency Oxygen Use in Adult Patients". This was duly granted.

d) **AAGBI Working Party on prehospital anaesthesia 31/05/06**

This was covered in Matters Arising 08.03.g above.

e) **Meeting with EMAS 17/05/06 (reconfiguration and funding)**

The Committee noted that the Chairman had met with Richard Diment (ASA) and Paul Phillips (EMAS) to inform Mr Phillips, as the CEO delegated as clinical lead, of its role and discuss how JRCALC might contribute in different ways to the newly reconfigured ambulance service.

f) **Letter re. Research in Emergency Settings 22/09/06**

The Chairman informed the Committee that he had had a letter from Sally Davies, the Director General for Research and Development, bringing to his attention an announcement from Andy Burnham MP about forthcoming regulations to facilitate research in emergency settings. The Committee noted that progress is being made on this matter.

g) **Prehospital administration of charcoal**

Dr Moore (LAS) stated that London Ambulance Service began a trial with charcoal in treating people who had taken Paracetamol overdoses. However the trial was terminated as the documentation and the data was unreliable. Some further work on the SE coast may provide a better evidence-base. The Committee noted that the JRCALC Guidelines are at odds with the NICE Guidelines on this matter.

08/05 Storage of drugs above 25 °C (Fiona Jewkes)

Dr Jewkes reported that she had been looking into the effects of temperature on drugs and whether JRCALC should advise on this issue. She notified the Committee that she had a copy of Pharmacy recommended temperatures for drugs which was available on request. This document stated maximum temperatures that drugs must be stored at, however did not indicate the effect temperature has on said drugs. Ms Ryan (BNF) agreed to contact the Royal Pharmaceutical Society for data on temperature and its effect on drugs. It was noted that if drugs are kept inside a 'drugs bag' they will remain cool despite the temperature outside. However, drugs stored in officer's cars overnight have a tendency to get extremely cold; therefore F. Jewkes advised that officers must always bring drugs inside overnight. It was agreed that JRCALC recommends a compartment in all ambulance vehicles to store drugs, in accordance with SEN Guidelines.

ACTION RACHEL RYAN – to contact the Royal Pharmaceutical Society for data on temperature and its effect on drugs.

08/06 Paramedic obstetric Training (Helen Simpson)

Dr Simpson reported that a group in the North East had set up a Paramedic Obstetrics training course and they would like to see the course go National. The Committee agreed that any additional training for Paramedics was a good idea and suggested that it be referred to AETAG. It was clarified that the training would be an extension of the obstetric training that Paramedics already receive.

08/07 Report from the Cardiac Care Group (Howard Swanton)

The Cardiac Care Group held a meeting on the morning of 27 November and the following points had been discussed and were presented for comment:

- i. The Cardiac Care Group agreed with the international guidance that where appropriate facilities and expertise were readily available primary PCI should be the first choice of treatment of STEMI, but in the absence of such facilities then thrombolysis should continue to be the intervention of choice.
- ii. Regarding the model checklist for pre-hospital thrombolysis the following were recommended
 1. an upper age limit of 80 years (unless on advice from a senior clinician on an individual patient basis) (Q2)
 2. extension of the time window to 12 hours (Q4).
 3. deletion of Q10. LBBB no longer to be a contraindication where the clinical picture strongly supports acute MI and preferably after consultation with a senior clinician (eg telemetry/telephone discussion).
 4. removal of tooth extraction as a contraindication (Q16)

- iii. The importance of recording the estimated patient weight when administering unfractionated heparin was again emphasised, especially for patients receiving tenecteplase .
- iv. The evidence of benefit for low molecular weight heparin versus risk of bleeding was considered. Unfractionated heparin should remain the recommended adjunctive therapy for the time being although discussions with the MHRA are ongoing. The use of Clopidogrel was discussed and will be taken up with the MHRA in the future.
- v. The Group wished to reiterate previous advice on the provision of ICD magnets on emergency vehicles
- vi. There was discussion around ways in which delays to PCI could be reduced.

It was agreed that these points will be taken on board at the next Guidelines subcommittee meeting to be held in early 2007.

08/08 Report from Guidelines Sub-Committee (Simon Brown)

Members noted the tabled document prepared by Dr Brown. Dr Brown apologised for the delay with the Guidelines, but assured members that they were now available to buy. They are also available online on the JRCALC website.

08/09 Update from Joint ASA/JRCALC Clinical Effectiveness Committee (CEC) (Mark Cooke)

Mr Cooke informed the Committee that the Joint ASA/JRCALC Clinical Effectiveness Committee has not met since June 2006. This is due to the reconfiguration of Ambulance Services and its effect on the committee. The Committee noted that Paul Phillips (EMAS) is the Chair of the CEC and is also leading on Clinical issues in the new Chief Executives Group. He has been invited to represent the Committee at MINAP.

Mr Cooke announced that the Committee will hopefully meet again soon, but this will be after the key appointments have been made in the Ambulance Services.

08/10 Report from the Health Professions Council (Doc)

Members noted the tabled document from Mr McFadden. The issue of 'Grandfather' rights was raised by Dr Ward who had had significant concerns with the process. It was agreed by the Committee that this issue needed to be looked into and that the HPC needed to be contacted.

08/11 Report from the British Paramedic Association (Roland Furber)

Members noted the tabled document from Mr Furber.

08/12 Report from HEADG (Henry Guly)

Members noted the tabled report from Dr Guly. The issue of CRB checks on ECPs was raised and it was agreed that it is obstructive to ECP practice when they need to be checked when moving between departments.

ACTION Mr GUNN – to provide information on CRB checks on ECPs when moving between departments.

08/13 Use of QuikClot 1st Response™ (Doc)

The Chairman had been asked by a committee member to bring this item to attention, and a tabled document for information from Dr Clarke was noted. JRCALC agreed that as there is no evidence to support the product, that there were other similar products on the market, and any judgement of benefit will be reserved until such evidence is provided.

08/14 Any other business

- i. The RCN wrote to A. Burnham regarding Nurses using Morphine. Members noted that there will be a public consultation in 2007.
- ii. The Chairman reported a recent ECPAG meeting held on 23 November. It was agreed that JRCALC endorses the recommendation that Trusts should be using versions 2 or 3 of AMPDS.
- iii. Dr Jewkes circulated a copy of relevant sections of the *Report of the Intercollegiate Committee for Services for Children in Emergency Departments* for interest. Members noted that the copy is only a draft and is in the process of being redrafted.
- iv. The Chairman congratulated Tim Hodgetts and the Royal Centre for Defence Medicine for being the overall Hospital Doctor Team of the Year.
- v. Dr Blancke circulated a letter of invitation to a conference on 16 January 2006 at Regents College London for all doctors likely to respond in the role of Medical Incident Commander or MERIT function during a major incident.

08/15 Dates of next meetings

Monday 12 March 2007 (Committee)
Wednesday 11 July 2007 (Committee)
Monday 26 November 2007 (Committee)
Tuesday 27 November 2007 (Conference)