Synopsis of proceedings of JRCALC Committee Meeting held on 2 November 2000 at The Royal College of Physicians, London.

1) Matters Arising from the Minutes held on 7 June 2000

- *Defibrillation: Department of Health Initiative* All pilot sites now have defibrillators, so 740 will have been deployed. There is provision for a further 500 in the National Plan, to make a total of more than 1200. They are sited in public places with a high incidence of ventricular fibrillation, but excluding sports stadia and casinos, which are usually privately owned. Dr Evans said that the initiative should be evaluated and that support would be needed for audit.

- *Progress on PECs*. There was nothing new to report since the last meeting.

- *ASA Strategic Review***.** Currently looking forward to the shape and needs of the Ambulance Service in 2010. Two meetings have so far been held, with one to come. A report is due to be published in December.

- *Problems with Ethics Approval*. The difficulties of getting ethics approval for pre-hospital research was discussed again. and the committee was reminded of an example from Wales. Similar problems in the United States had led to pre-hospital research being halted for five years, and these problems were compounded in paediatric studies because of 'emotional considerations'. The matter had been referred to the College Ethics Committee and a response was awaited. Meanwhile members were asked to notify the Chairman if they knew of any non-medical person whose views on ethics would command respect and who might be willing to form part of a JRCALC Subcommittee to advise those planning to make submissions to ethics committees on pre-hospital research.

- *Website.* The website has now been set up <www.jrcalc.org.uk>. All members should look at it before the next meeting. Mr Stuart Nicholls was thanked for the work he had done to create it.

2). Paediatric Defibrillation

The attention of members was drawn to a continuing problems with AEDs for paediatric use. The energy levels provided by AEDs were appropriate for adults, and their use was not recommended for children under the age of eight. This posed a dilemma if a child was found to be in ventricular fibrillation and the only defibrillator available was an AED. The Resuscitation Council (UK) had sought legal advice and had prepared a draft statement which would make it clear that anybody using a device in this situation should appropriately consider the relative risks of using the AED and not using it. But the Resuscitation Council (UK) was not able to make a definite recommendation that an AED should be used in such circumstances. The situation is clearly unsatisfactory, though the initiative of the RC(UK) was welcomed. At least one manufacturer is likely to make provision for the treatment of smaller children by providing a means whereby the energy level can be reduced.

3). Guidelines and Protocols: Sub-committee interim report.

The Guidelines will be launched at the conference on 3 November. The current Guidelines would be revised progressively and eventualy be as fully `evidence-based' as possible, but it was appreciated that this is too big a project for the sub-committee to undertake alone and the services of a Research Officer was very desirable. Funding for research support for 18 months may be available from DERA but at present no longer term funding was available. A

meeting in December with Ambulance Service Medical Directors will also involve air ambulance representatives who had their own guidelines. A move to standardisation was desirable. Drs Iain McNeil, Chris Carney, John Scott and Ms Laura Dempsey were thanked for their efforts towards the preparation of the guidelines. Although the responsibility for clinical governance lay with individual Ambulance Trusts and some local flexibility remained essential, Mr Willis suggested that they would be likely to adopt the new guidelines as a minimum standard. Members of JRCALC were given copies of the guidelines.

4). Medicines Control Agency submissions.

Professor Chamberlain and Mr Roberts had attended a meeting of the Medicines Commission and six of the eight applications for additional POM's had been approved. The alterations to the list are to be implemented from 16 November and central guidance to ambulance services would be issued by the Department of Health thereafter. Many issues were raised. It was thought likely that opiates could cause problems and Ms Dunn said that information should be handled carefully so that paramedics were not targeted by drug addicts. Intravenous heparin is needed with some thrombolytic drugs and is not on the POMs list in appropriate dosage. The Medicines Control Agency has stressed that an audit is needed on the use of opiates and thrombolytics, and needs to be recorded centrally. Dr Jewkes asked whether it would be possible to do a voluntary national audit on the use of benzyl penicillin. On the idea of an audit, Mr Roberts thought that as there is only a small useage of most drugs collecting multi-centre data would be practicable.

5). Thrombolysis Sub-Committee: report on progress.

Indications and contraindications had been agreed, and a model curriculum for training was available. Paramedics using thrombolytics should also be made aware that some risk is inevitable. It must be recognised that paramedics will be aware of those who are harmed by the drugs but not aware of those who are saved by them. 12 lead ECG interpretations and the optimum thrombolytics will require careful training. The company which makes tenectoplase is planning to provide a resource facility for training. Professor Chamberlain suggested that the Committee might endorse the course if it proved suitable.

6). JRCALC Constitution.

The previous Constitution, dating from 1992, needs to be revised. Suggestions for a revised Constitution will be circulated for discussion at the next meeting. The suggestion of setting up an executive committee of four will also be discussed; a Treasurer is needed to liaise with the College and keep the Committee informed about its finances.

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