

# JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Meeting held on Monday, 28 November 2005

## Present:

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

Mr M Willis (Ambulance Service Association), (Treasurer)

Dr W Blancke	-	Royal College of Anaesthetists
Dr S Brown	-	Ambulance Service Association
Dr G Bryce	-	Ambulance Service Association
Mr M Colquhoun	-	Resuscitation Council UK
Mr M Cooke	-	Ambulance Service Association
Dr J Cox	-	Royal College of General Practitioners
Dr C Deakin	-	Royal College of Anaesthetists
Ms S Dodd	-	Observer, Department of Health
Dr T Evans	-	Royal College of Physicians
Mr Martin Flaherty	-	Ambulance Service Association
Mr R Gunn	-	Royal College of Surgeons
Dr F Jewkes	-	Royal College of Paediatrics & Child Health
Mr P McFadden	-	Health Professions Council
Dr D McManus	-	Ambulance Service Association
Dr Q Mok	-	Royal College of Paediatrics & Child Health
Mr A Newton	-	British Paramedic Association
Mr J Nichols	-	Ambulance Service Association
Mr S Oestreicher	-	Staff Side Ambulance Council
Professor T Quinn	-	Royal College of Nursing
Mrs C Reid	-	Royal College of Midwives
Dr H Swanton	-	Royal College of Physicians
Dr M Ward	-	Royal College of Anaesthetists

## Observers

Mr R Diment	-	Ambulance Service Association
Mrs S Dodd	-	Department of Health
Mr S Land	-	Committee Administrator

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## 05/24 Welcome and Apologies for absence

- (a) Members noted that Dr Jeremy Mayhew, Mr John Nichols and Mr Phil Pimlott had newly joined the committee as representatives of the ASA. The Chairman welcomed Mr Nichols, Mr Pat McFadden (HPC) and Dr David Manus (ASA) who were attending their first meeting of the committee.
- (b) Apologies for absence were received from Dr H Booth (Royal College of Physicians), Dr M Cooke (Faculty of Accident & Emergency Medicine), Mr R Furber (Observer, British Paramedic Association), Dr H Guly (Faculty of Accident & Emergency Medicine), Mr M Hayward (Royal College of Nursing), Mr K Hinshaw (Royal College of Obstetricians & Gynaecologists), Mr A Howson (IHCD, Observer), Dr P Jenkins (Royal College of Physicians), Professor M Langman (Ambulance Service Association), Mr A Marsden (Scottish Ambulance Service), Dr Jeremy Mayhew (Ambulance Service Association), Dr I McNeil (Royal College of General Practitioners), (Honorary Co-secretary), Dr W Penny (Royal College of Physicians), Mr Phil Pimlott (Ambulance Service Association), Mr Philip Powell (Fire Service Inspectorate), Dr T Sajjanhar

(Royal College of Paediatrics & Child Health), Dr John Scott (Ambulance Service Association), Dr David Smith (British Cardiac Society) Miss K Stelfox (Department of Health Observer), Mr David Whitmore (Health Professions Council) and Professor Richard Williams (Royal College of Psychiatrists).

#### 05/25 Minutes of the Previous Meeting

Following amendments the Minutes of the meeting held on 12 July 2005 (copies of which had been circulated) were approved, and signed by the Chairman as a correct record.

#### 05/26 Matters Arising on the Minutes

##### **(a) 05/03 (d) MLX 314: naloxone response**

The Chairman stated that naloxone had been approved for use by both the DH and MHRA. It was noted that there were some slight discrepancies with regard to use of the drug by technicians and that JRCALC would issue a letter to clarify the situation. Dr Jewkes asked that the letter should explain the situation with regard to intranasal use of naloxone. Dr Brown agreed to forward this issue.

**ACTION: Dr Brown**

##### **(b) 05/21 Verification of Fact of Death (VoFoD)**

Members noted that that to avoid confusion the document should retain its old name and remain as Recognition of Life Extinct rather than VoFoD.

##### **(c) 05/23 (b) Ambex - JRCALC/999 Research Forum**

The Chairman stated that an agreement had been reached with the Forum to work with JRCALC in the future particularly with regard to Ambex. There was agreement that a financial contribution could be provided, and discussion was on-going with regard to the level of funding that would be required.

##### **(d) 05/11 (a) FAEM replacement**

The Chairman stated that as yet no replacement nomination (for Graham Johnson) had been received from the FAEM. Dr Bryce reported that the FAEM was busy consulting its members on becoming a Royal College and that this had likely overshadowed the request. It was agreed that the Chairman would write to Mr Jim Wardope (President, FAEM) to pursue the issue.

**ACTION: Chairman**

##### **(e) 05/11 (b) Post of Honorary Co-secretary**

The Chairman stated that Mr Martin Flaherty had been nominated as the next Honorary Co-Sec. by the ASA. JRCALC members unanimously supported the nomination and Mr Flaherty was duly appointed.

##### **(f) 05/11 (c) RCN representation**

The Chairman stated that he had received formal notification from the RCN that Professor Tom Quinn would act as one of their representatives on JRCALC. The Chairman and members welcomed Professor Quinn's return to the committee.

**(g) 05/13 (a) Serious Threat to evidence based resuscitation Consultation**

The Chairman reported that he had collaborated with Mr Colquhoun on the response to the E.U. Directive consultation regarding informed consent for incapacitated individuals, and a copy of the document that had been submitted was tabled.

**(h) 05/04(ii) Committee-based move to RCA and legal status**

The Chairman stated that he had attended a meeting in August 2005 with the RCA Vice-President, CEO and Director of Training to discuss the the move to the RCA as a base and administrative centre.. During the meeting it had become apparent that the RCA (and by extrapolation) other Royal Colleges would be unlikely to be able to accept legal responsibility for the actions of JRCALC members which would need to be resolved by separate legal provision . Although the use of RCA facilities for meetings would be welcomed the provision of administrative support would require further discussion

It was unanimously agreed that it was vital that committee members were protected (via insurance) against possible litigation as soon as possible and the Chairman stated that he was actively pursuing the University of Warwick on their insurance measures with regard to the publication of JRCALC Guidelines and was awaiting a full reply. Members noted that the Guidelines webpage now contained an audit trail of changes (with discussion) that could be vital in supporting JRCALC if it was challenged but agreed that separate insurance should be taken (perhaps funded by the Guideline Royalties), while alternatives for the future of the committee could be progressed. Although the risk of being sued was considered low it was agreed that the Chairman and Executive should vigorously pursue clarification of the issue. .

**ACTION: Executive**

Members discussed the following alternatives with regard to the legal status of JRCALC:

- A model similar to the Intensive Care Society - it was noted that this was a charitable body but importantly had its own income (whereas JRCALC did not).
- Intercollegiate Committee - it was noted that this would require formal ratification of JRCALC work by the Councils of the Royal Colleges. This was seen as problematic and potentially very time consuming.
- DH committee - it was noted that JRCALC Guidelines were used throughout the UK but it was felt unlikely that the DH would agree to house and insure the committee.
- Link with the ASA
- Link with the BPA

After much discussion it was agreed that the committee should look to progress possible links with the ASA and Mr Diment agreed to take the issue back to the ASA Board for discussion.

**ACTION: Mr Diment**

The Chairman and Executive agreed to remain fully involved in this process and also take the issue to Peter Bradley for advice. They agreed to keep members informed at all stages of discussion.

**ACTION: Executive**

It was hoped that once members were indemnified and a work plan for the future had been devised and agreed with the ASA that Colleges would be more confident of the

robustness of the committee and perhaps lend more support.

**(i) 05/05 (iii) RCA: organisation of pre-hospital and intermediate care**

The committee noted that a meeting regarding pre-hospital and immediate care had occurred in August 2005 at the RCA. Members of JRCALC who had attended felt that the meeting had failed in its perceived remit of discussing pre-hospital care in a wider sense. Instead, discussions had been directed towards the introduction of a new specialty and College of Pre-Hospital Care and as such, included little open discussion.

**(j) 04/38 (b) JRCALC Scholarships**

Members noted that the Executive had considered the applications submitted and had agreed that the following awards would be made:

- Mike McGovern Travel Scholarship - Mr Simon Blackburn
- Douglas Chamberlain Scholarship - Mr Martyn Box
- Chairman's Educational Scholarship - Mr Dave Wells

It was noted that the successful scholars would present a short overview of their projects at the conference the next day.

**(k) 05/14 (bii) ICD posters/aide-memoirs**

Members noted the tabled posters and aid memoirs giving information on implantable cardioverter defibrillators. Mr Cooke was congratulated by the Chairman for progressing the work.

**(l) 04/29 (c) Fire & Rescue National Framework**

Dr Ward asked what progress had been made with regard to the Trauma Care Task and Finish Group for Fire and Rescue Services. It was noted that the DH was keen for fire fighters to have trauma skills and that claims were made that lives were already being saved. Dr Ward asked if the data on this was available and the Chairman agreed to ask Mr Powell for an update.

**ACTION: *Chairman***

05/27 Chairman's Report

**(a) Consultation reports**

- (i) Health Professions Council - Managing Fitness to Practice
- (ii) Health Professions Council - Returners to Practice
- (iii) MHRA MLX 326: Amendment to medicines for Human use (Clinical Trials) Regulations 2004 (S12004/1031).

Members noted the committee response [**DOC 05/10**] to the consultation.

- (iv) MHRA MLX 330: Amendment to allow supply and administration of medicines by members of Mountain Rescue Teams.

It was agreed that Dr Cox and Mr Whitmore would respond to the MHRA on behalf of the committee.

**ACTION: Dr Cox/Mr Whitmore**

- (v) MHRA MLX 331: Amendment to range of medicine used by podiatrists.

The Chairman stated that he had responded on behalf of the committee saying that the proposals were welcome.

- (vi) DH 'The acutely or critically sick or injured child in the DGH: A team response'

It was noted that JRCALC had not been invited to the first meeting of the group but that Dr Jewkes had attended on behalf of the RCPCH and had agreed to feed back from future meeting. Members were asked to forward any comments to Dr Jewkes or the administrator.

**ACTION: All**

On the separate issue of the Junior Doctors' group set up by the BMA group to look at inter-hospital transfers it was noted that it was to be self-funding.

**(b) Other Issues**

- (i) RCPCH Chair of Intercollegiate Advisory Group on A&E Services for Children

It was noted that Dr Jewkes had been nominated as JRCALC representative and appointed in the above role.

- (ii) ASA meeting at Friars House

It was noted that Mr Diment had met with Peter Bradley and Kathryn Stelfox in September 2005. From the meeting it had been clear that the DH supported the continuance of JRCALC.

- (iii) DTB advice re: Drugs for the doctor's bag (Adults) Vol 43 No. 9 Sept 2005

Members noted an article from a recent Drugs and Therapeutics Bulletin (DTB), which recommended the use of intramuscular diclofenac (analgesic) for back pain. Advice published by the Medical Protection Society had suggested that this was not a safe route for its administration and the Chair had written to the Editor of the DTB to point this out and to say that JRCALC, when asked, had specifically advised against intramuscular use. It was however agreed that the Guidelines sub-committee should assess the effectiveness of the drug as a potential analgesic, route of administration notwithstanding

**ACTION: Dr Brown**

- (iv) Educational systems for minor wound management

Members noted the publication of a DVD called 'Minor injuries in A&E'. It was noted that a previous DVDs for ECPs had not been successful so it was agreed that Dr Jewkes would seek out a copy and forward it to Dr Moore and Dr Brown for comment.

**ACTION: Dr Jewkes/Dr Moore/Dr Brown**

- (v) ECPAG meeting - London November 2005

At a recent meeting of the Emergency Care Prioritisation Advisory Group (ECPAG) a request had been made to nominate a JRCALC representative to be part of the advisory team working specifically with AMPDS. It was noted that Dr Blancke had first-hand working knowledge of these systems and would act in this capacity.

**ACTION: Dr Blanke**

05/28 Report from the Cardiac Care Group

Members noted the minutes of the first meeting of the Cardiac Care Group **DOC 05/12**.

Dr Swanton began by thanking Professor Quinn for producing the notes of the meeting and then stated that Dr Moore would be joining the group as a representative of the Faculty of A&E Med. It was hoped that the group would meet twice a year.

Members noted that the group had suggested modifications to the existing paramedic guidance on Pre-Hospital Thrombolysis. JRCALC agreed the changes but felt that these should not formally be released until April 2006. However, it was agreed that Trusts would require early sight of these changes to allow timely implementation to occur. It was noted that a letter would be posted on the website, the BCS would be alerted to the changes and other networks of dissemination would be pursued.

Dr Swanton added that the group required good data from the pre-hospital service to help its recommendations. It was agreed that Mr Cooke would be able to supply this.

**ACTION: Mr Cooke**

The Chairman thanked Dr Swanton and the group for their work in this complicated and fast-moving field.

05/29 Guidelines Sub-Committee

Members noted the update provided by Dr Brown **DOC 05/13a** regarding the sub-committee and the drug protocol for Amiodarone administration **DOC 05/13b**.

Members noted the following points:

- Resuscitation Council (UK) Guidelines had now been released
- Criteria for Pre-Hospital Thrombolysis administration would be updated in line with the recommendations of the Cardiac Care group
- New guideline for Amiodarone administration
- Naloxone hydrochloride (Narcan) could now be used by ambulance technicians (EMTs)
- Oral Morphine (Oramorph) and Ametop could be used for the management of pain

It was agreed that the Chairman and Dr Brown would liaise and forward a letter to all Ambulance Trusts (CEOs and Training Officers) informing them of the above changes. It was noted that they would not be formally included in JRCALC Guidelines until the next scheduled update (April 2006), but that early dissemination would allow Trusts to plan their implementation.

**ACTION: Chairman/Dr Brown**

Members noted that the new Guidelines could be accessed via the website with the use of a protected password. If individuals or Trusts wished they could contact Dr Brown for further details.

**ACTION: All**

Dr Brown asked members whether they believed that JRCALC should recommend training in Rapid Sequence Induction (RSI) for emergent airway management. It was noted that the item was to be discussed at the conference the next day and that this would gauge views.

Mr Diment asked Dr Brown whether any advice had been received from the DH with regard to the Guidelines on hemical, biological, radiological and nuclear (CBRN) incidents. Dr Brown stated that the favoured view was to keep the instructions generic.

#### 05/30 Report from Joint Ambulance Service Association/JRCALC Clinical Effectiveness Committee

Members noted the tabled update from Mr Cooke.

Members noted a tabled draft guidance for Tasers which had been produced in association with the Association of Chief Police Officers. Members were invited to forward any views to Mr Cooke and otherwise noted that the information would be available for download from January 2006 on the ASA website.

**ACTION: All**

#### 05/31 Report from the Health Professions Council

Members noted a tabled update prepared by Mr Whitmore. Mr McFadden also updated on the following points:

- Standards of proficiency were currently being revised.
- Fitness to practice hearings - it was noted that a disproportionate number of paramedics were being investigated.
- The CMO report on revalidation was due in early 2006 and could have implications to the HPC.

Mr McFadden was asked whether he could investigate the length of time it took newly qualified paramedics to be placed on the register (up to 20 days in some cases). Mr McFadden agreed that this was an unacceptable length of time and would report back with his findings.

**ACTION: Mr McFadden**

#### 05/32 Report from the British Paramedic Association

Mr Newton reported that the BPA conference was held on 23<sup>rd</sup> November 2005 and had been a great success. The membership levels for the BPA were still increasing and the Clinical Framework was due to be completed shortly.

Mr Newton raised the issue of how Emergency Care Practitioners should be regulated with the possibility that certain individuals would be required to hold multiple registrations with possibly different regulators. Members agreed that dual registration was a problematic and needless area and that ECPs should fall under the existing HPC Register, which could be annotated where required with specialties. Mr Newton and the Chairman agreed to liaise on this issue and formulate a letter advocating the use of a single register.

#### 05/33 Any other business

##### **(a) Setting Standards for safe transfer of care**

Professor Quinn stated that a piece of work on the above was soon to be progressed.

##### **(b) Adult advanced life support with Resuscitation Guidelines**

Dr Deakin stated that new Guidelines recommended that in the case of out-of-hospital cardiac arrests attended (but unwitnessed) by healthcare professionals equipped with manual defibrillators that CPR should be given for 2 minutes before defibrillation.

**(c) Treasurer of JRCALC**

The Chairman stated that Mr Willis would look to stand down from the committee in the near future after many years of hard work. Members were invited to forward their names if they were interested in the position of Treasurer.

**ACTION: All**

**Note:**

Next meeting:

**14.00hrs Monday 13<sup>th</sup> March 2005**

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The Chairman closed the meeting at 16.48pm wishing all members a Happy Christmas and a prosperous New Year.