# London Ambulance Service
# Clinical Equipment Working Group (LAS CEWG)
# Tuesday 2nd November 2021

## Minutes of the LAS CEWG held via Microsoft Teams

| Present | | |
|---|---|---|
| **Name** | **Initials** | **Job Title** |
| [redacted] | | Deputy Medical Director |
| | | Clinical Practice Development Manager Critical Care |
| | | Senior Sector Clinical Lead, North Central Sector |
| | | Head of Transformation & Engagement for Resilience & Specialist Assets (RS&A) |
| | | Supply Chain Manager - Distribution |
| | | Governance & Performance Manager for Supply & Distribution |
| | | Supply Chain Manager - Material Specialist |
| | | Category Manager for Logistics & Medical |
| | | Equipment Manager |
| | | Education Governance Manager |
| | | Education Centre Manager |
| | | Health & Safety Manager |
| | | Paramedic |
| | | Chief Clinical Information Officer |
| | | Medical Devices Manager |
| | | Clinical Team Manager - Paramedic |
| | | Clinical Team Manager - Paramedic |
| | | Head of Infection Prevention & Control |
| | | Lead Infection Prevention & Control Practitioner |
| | | Clinical Advisor to Medical Directorate |
| | | Paramedic |
| | | Paramedic |
| | | Programs & Projects Manager |
| | | Head of Health, Safety & Security (Corporate Affairs) |
| | | Medical Buyer |
| | | CBRN Operations Officer, Resilience & Specialist Assets |
| | | |

1. Welcome and apologies
   1.1. [redacted] Welcomed all to the meeting

2. Declarations of interest
   2.1. Nil Declared

3. Minutes of the last meeting
   3.1. Agreed

4. Review of action log
   4.1. Action log was updated.

5. Clinical Equipment Risks
   5.1. No new risks were raised.

6. Prefit Ace- Adult & Paed C-Spine Collar (MF)
   6.1. Collar currently procured from [redacted], however all other Trusts utilise others. Eight of 12 UK ambulance services use [redacted]. Suggestion is to move to [redacted] collar for adult and paediatrics. Relatively straightforward swap, with only minor changes to practice. There is no significant price difference, and the move will increase resilience in the supply chain. Proposal for video produced by [redacted] to show differences.

   **Approved**: [redacted] for adult and paediatric patients to replace exiting collars.

   [redacted] **to update clinical equipment sheet.**

   [redacted] asked if still required, [redacted] suggested these sheets act as single point of truth from a use and decontamination point of view.

   [redacted] **to generate video to highlight differences and use**

7. Trauma Dressings [redacted]
   7.1. Suggestion to move from [redacted], to [redacted]. In comparison, the [redacted] has no plastic cup and no gauze. It is similar in all other ways; it is unlikely there will be any confusion in the application of the dressing compared to [redacted], which are still stored within Mass Casualty Vehicles deployed.

   **Approved**: [redacted] to replace [redacted]

   [redacted] **to update clinical equipment sheet.** [redacted] **have old training video so** [redacted] **to be updated.**

   [redacted] questioned utility of plastic cup in bandage. [redacted] suggested that there is a lack of evidence to suggest any significant benefit.

8. Diphoterine [redacted]
   8.1. Diphoterine was raised by [redacted] as a counter measure for acid attacks. LAS investigation into Diphoterine has been ongoing, and includes working with NHS partners including Barts Health. Looking at a variety of counter measures.
   8.2. Following discussion with procurement. [redacted] given permission to approach [redacted]
   8.3. LAS paper has been written reviewing Diphoterine, which has been sent to NARU & NASMED, and subsequently presented to MMG. MMG have suggested that Diphoterine should be presented to CEWG.

8.4. [redacted] asked about manufactures recommendation for application within 30 Sec, [redacted] – included in use for LAS support to security operations where it would be rapidly deployable at pre-planned operations.

8.5. [redacted] suggested that more thorough rationale needs to be documented to prove risk balance and support use. [redacted] – Awaiting sign off from [redacted]. Robust SOP and vehicles to be specialists. [redacted] providing free of charge for 2 years, if not used.

8.6. [redacted] asked how are we procuring? [redacted] – Procurement put us in touch with [redacted] who will provide 2 years FOC until used. [redacted] asked what the cost post use? Decision needs to be made on what the window is for use. First roll out focussed on eyes. [redacted] – attempt to gain competitive quotes. [redacted] STW not suitable.

**Approved:** CEWG approved Diphoterine

8.7. [redacted] stated that there is on royalty protection training taking place where the manufacturer will be present. SR to have further discussion with [redacted] and [redacted].

8.8. Consider which clinical resources are likely to be in attendance for these incidents. [redacted] should be carried by APP(CC) and would be in favour of it being carried by HART.

8.9. [redacted] – Discussion with hospitals as product not held in EDs, and have suggested LAS could Provide. [redacted] – No. [redacted] highlighted that these patients are likely to be sent to local trauma units.

8.10. [redacted] – highlighted that the product is a medicine. [redacted] informed the group that MMG states it is not medicine. [redacted] confirmed it is a medicine.

8.11. [redacted] – drug would be best held with those that would attend first. E.g. FRU MRU. [redacted] – this was based off original acid attack work, through GE, and then balanced on cost, training, evidence base, etc. [redacted] suggested MRU may be best placed to deliver this– [redacted] highlighted that MRU are not 24hr. [redacted] suggests HART/TRU/APPCC as initial trial.

8.12. [redacted] trial to be conducted through CARU

9. Nebuliser T-Piece [redacted]

9.1. Proposal is that T piece is removed from stocking list for all vehicles in London. Removed from in line nebs several years ago. No evidence it is in use elsewhere. Limits use of nebuliser masks to [redacted] type masks. APPCC have IV bronchodilators, assembling a nebuliser with a T-Piece on a BVM is a complex task in what would be a highly pressured situation.

9.2. [redacted] – also in PALS kit, [redacted] – Remove.

9.3. [redacted] allows wider range of suppliers for neb masks and adds resilience to supply chain.

**Approved:** Removal of Nebulisation T-Piece

10. CAT Tourniquets [redacted]

10.1. Email from [redacted], staff unaware of where they are. [redacted] DATIX, unable to find one (not packed in dressing pouch)

10.2. [redacted] asked if any further action is required? Reminder to be issued in Clinical Update.

**ACTION: [redacted] to include reminder in Clinical Update that Arterial Haemorrhage Tourniquets stored in Dressings pouch in Primary Response Bag.**

11. LIA discussion on OOS policy [redacted]

11.1. [redacted] highlighted recent discussions on LIA around Out of Service policy, and enquired as to whether this had been published.

11.2. [redacted] – Policy approved within CEWG. [redacted] policy has been in front of Staff side representatives at service level and signed off.

**ACTION - Confirm the status of the Out of Service Policy? [redacted]**

12. Diagnostic Pouches [redacted]

12.1. [redacted] confirmed diagnostic pouch trailed in NW. Pouches being issued to staff, looking at losses and breakages. And reviewing the CAM system. [redacted] wants this delivered by Christmas, [redacted] looking at options appraisal for how to achieve this including extended time lines.

12.2. [redacted] suggested there were a range of options to consider. [redacted] highlighted that the pouch needs to be rolled out Trust wide, and if there are any barriers to this they need to be raised directly to [redacted] so these can be addressed

13. Oxygen Saturation Probes [redacted]

13.1. [redacted] highlighted further work looking at SPO2 probe, as there may be a risk of further damage to the SPO2 probe if they are being placed in diagnostic pouches. Also considering reducing the carriage of LP15s to every incident.

13.2. Finger SPO2 probe identified with paediatric adapter that plugs in. [redacted] confirmed that probe and paeds probe can be asset tagged.

13.3. Due process followed.

13.4. Standard accuracy 2%, power from 2xAA batteries, 5 year life span, 2 year warranty. Has achieved readings on 2mo and 3mo. Cost reduction, [redacted] per item (compared to Adult/Paeds SpO2 lead for LP15). Lead time of 6 weeks.

13.5. [redacted] – NICE guidance states should carry infant and paed probes. How do we ensure they are not lost? MF highlighted that these could be asset tagged and stored in diagnostic pouches.

13.6. [redacted] likely only struggle going to be in true neonatal patients. APPCC can manage this. [redacted] – so as a trust can cover full age range, and all clinicians can further support paed patients.

13.7. [redacted] lead time 21 days

**DECISION – Oxygen Saturation Probes presented to be approved for use in LAS.**

13.8. [redacted] to follow up costing and budget.

13.9. [redacted] will have one sent to [redacted] for education impacts.

13.10. [redacted] asked whether they are IPC complaint. [redacted] confirmed they can be cleaned with [redacted] wipes.

14. 6 Point Harness [redacted]

14.1. [redacted] asked whether we wanted to reintroduce 6 point harnesses for trolley beds. These have already been reviewed and approved by IPC and safety and risk.

14.2. [redacted] highlighted that past experience of using these is that they are complicated, if introduced, they should be as simple as possible to utilise.

14.3. [redacted] – with 6 point harness, harness has to be used or not used, therefore can't use bottom belt only as current practice. [redacted] confirmed that if there was a single option, then it would be used.

14.4. [redacted] asked about paediatric patients and minimum ages. [redacted] – to take back and investigate.

14.5. A question was asked what the minimum age is for the [redacted]? This was confirmed as a weight based requirement with a minimum weight of 4.5kg

14.6. It was highlighted that the only other avenue at present is legal exemption under emergency use of the road traffic act.

14.7. [redacted] will undertake further discussion and then bring back to next meeting.

14.8. [redacted] asked whether 6 point harness will have to be remover for [redacted] to be installed.