



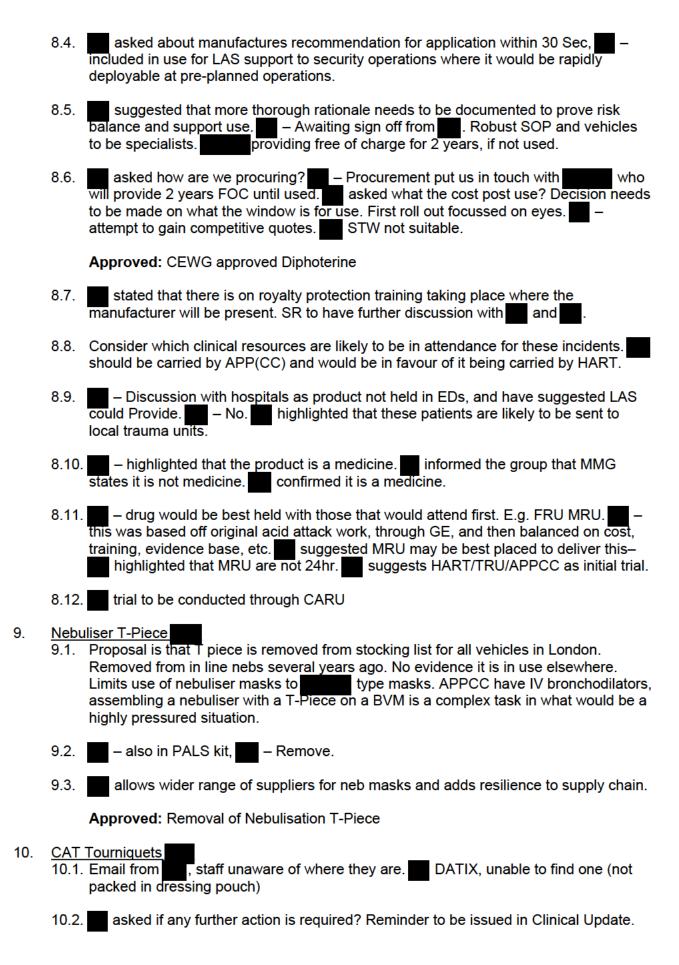
## London Ambulance Service Clinical Equipment Working Group (LAS CEWG) Tuesday 2<sup>nd</sup> November 2021

## Minutes of the LAS CEWG held via Microsoft Teams

Present		
lame	Initials	Job Title
		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 Specialis
		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. 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 however all other Trusts utilise others. Eight of 12 UK ambulance services use services. Suggestion is to move to 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 to show differences.
	Approved: for adult and paediatric patients to replace exiting collars.
	to update clinical equipment sheet.
	asked if still required, suggested these sheets act as single point of truth from a use and decontamination point of view.
	to generate video to highlight differences and use
7.	7.1. Suggestion to move from comparison, the similar in all other ways; it is unlikely there will be any confusion in the application of the dressing compared to deployed.  In 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 deployed.
	Approved: to replace
	to update clinical equipment sheet. have old training video so to be updated.
	questioned utility of plastic cup in bandage. suggested that there is a lack of evidence to suggest any significant benefit.
8.	8.1. Diphoterine was raised by 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.
	<ul> <li>8.2. Following discussion with procurement.</li> <li>8.3. LAS paper has been written reviewing Diphoterine, which has been sent to NARU &amp; NASMED, and subsequently presented to MMG. MMG have suggested that Diphoterine should be presented to CEWG.</li> </ul>

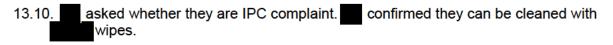
1.



ACTION: to include reminder in Clinical Update that Arterial Haemorrhage Tourniquets stored in Dressings pouch in Primary Response Bag. LIA discussion on OOS policy highlighted recent discussions on LIA around Out of Service policy, and enquired as to whether this had been published. Policy approved within CEWG. 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? Diagnostic Pouches confirmed diagnostic pouch trailed in NW. Pouches being issued to staff, looking at losses and breakages. And reviewing the CAM system. wants this delivered by looking at options appraisal for how to achieve this including extended Christmas, time lines. 12.2. suggested there were a range of options to consider. 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 so these can be addressed Oxygen Saturation Probes 13.1. 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. 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, per item (compared to Adult/Paeds SpO2 lead for LP15). Lead time of 6 weeks. 13.5. 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. likely only struggle going to be in true neonatal patients. APPCC can manage this. - so as a trust can cover full age range, and all clinicians can further support paed patients. 13.7. lead time 21 days **DECISION** – Oxygen Saturation Probes presented to be approved for use in LAS. to follow up costing and budget. will have one sent to for education impacts.

12.

13.



## 14. 6 Point Harness

- 14.1. 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. 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. with 6 point harness, harness has to be used or not used, therefore can't use bottom belt only as current practice. confirmed that if there was a single option, then it would be used.
- 14.4. asked about paediatric patients and minimum ages. to take back and investigate.
- 14.5. A question was asked what the minimum age is for the 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. will undertake further discussion and then bring back to next meeting.
- 14.8. asked whether 6 point harness will have to be remover for installed.