



13 May 2020

BY EMAIL: [REDACTED]

T: [REDACTED]  
E: [REDACTED]  
W: [www.aace.org.uk](http://www.aace.org.uk)

Mr Grahame Irvine  
Area Coroner  
East London Coroners

Dear Mr Irvine

## REGULATION 28 REPORT – ACTION TO PREVENT FUTURE DEATHS: MITICA MARIN

I am writing in response to the Regulation 28 report to prevent future deaths following the inquest into the death of Mitica Marin which you issued on 12 March 2020 to [REDACTED], the Association of Ambulance Chief Executives (AACE).

AACE is a private company owned by the English Ambulance NHS Trusts. It exists to provide ambulance services with a central organisation that supports, coordinates and implements nationally agreed policy. Our primary focus is the ongoing development of the English ambulance services and the improvement of patient care. We are a company owned by NHS organisations and possess the intellectual property rights of the JRCALC UK ambulance service clinical practice guidelines. AACE is not constituted to mandate or instruct ambulance service however we do have national influence via the regular meetings of ambulance Chief Executives and Trust Chairs along with a network of national specialist sub-groups.

I am responding as managing director of AACE on behalf of [REDACTED] our chairman. I have read your report and considered the concerns you have raised. I can confirm that we are very aware of the need for prompt defibrillation if this is indicated for a patient in cardiac arrest.

Last year we undertook an extensive review of the resuscitation sections of our clinical practice guidelines. We considered the issue of using manual or automatic mode for delivering the first shock in a cardiac arrest situation and we issued our revised guidance to the UK ambulance services in June 2019. The section of our guidance pertaining to manual or automatic mode is detailed below:

*Most manual defibrillators carried in ambulances can also be used in an AED mode where they analyse the ECG and recommend delivery of a shock when appropriate. There are advantages and disadvantages of each mode. Although AED mode may improve the time to first shock, manual mode may reduce pre-shock pauses and increase chest compression fraction which is associated with increased ROSC. Therefore, although manual defibrillation should be the preferred option for appropriately trained paramedics it should be recognised that solo responders are potentially in a stressful environment, and are attempting to manage multiple complex factors. Therefore, the initial use of the AED function is acceptable until additional help arrives.*

Chairman: [REDACTED]

Managing Director: [REDACTED]

In summary of the above extract, we are advocating that a defibrillator can be used in automatic mode if a solo responder arrives on scene first.

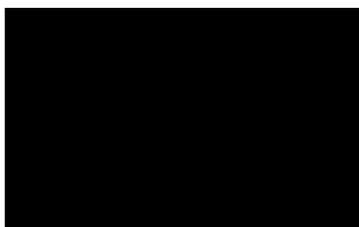
We are aware that there are a number of types of defibrillators in use in UK ambulance service, however, it is not our responsibility as a membership organisation to decide or recommend which device an ambulance service should purchase.

I hope that you will agree that we have responded to the concerns that you have raised. We can assure you that we are absolutely committed to learning from all adverse events and doing everything within our power to prevent them happening again in the future.

If we may be of further assistance, please do not hesitate to contact us.

We would like to extend our sincere condolences to the family of Mitica Marin.

Yours sincerely



Managing Director

Chairman:



Managing Director:

