The Faculty of Intensive Care Medicine

Royal College of Anaesthetists

Churchill House
35 Red Lion Square
London WC1R 4SG

Tel 020 7092 1500
Email info@rcoa.ac.uk
Web www.rcoa.ac.uk
Twitter @RCoANews

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Dear Ms Persaud,

Re: Regulation 28: Report to Prevent Future Deaths in the matter of Mr Kishorkumar Patel and Mr Kofi Aning[redacted]

Thank you for your letter of 18th October providing further details and conclusions following the inquest touching the death of Mr Patel. You have highlighted a number of additional concerns that have been raised relating to the causes underlying the incorrect use of breathing circuit filters and suggested further actions to reduce the risk of future harm to patients.

We confirm our support for standardisation of labelling/colour coding of breathing circuit filters and heat and moisture exchange filters (HMEF) between manufacturers. We highlight that it is not within our power to implement beyond referring the issue to the Medicines and Healthcare products Regulatory Agency to consider whilst recognising the challenges in implementing such a change.

We would again highlight the unprecedented circumstances arising from the need to develop a remote surge ICU during the early stages of the COVID pandemic which are likely to have had a significant contribution to the errors that occurred. The type of filter (with an integral port for capnography) that was mistaken for an HMEF is designed for use with anaesthetic machines and there would be no reason for such a filter to be used in ICU. We are not aware of previous incidents being highlighted from our regular review of national incident reporting in critical care. However, we have been in communication with NHS improvement to suggest that a formal analysis of the national reporting and learning system database (NRLS) should be undertaken to assess the frequency of incidents arising from incorrect used of breathing circuit filters. If this is shown to be a significant problem, we would support this being highlighted through a national patient safety alert.

We can confirm that the key lessons will be highlighted to our respective membership through the Safe Anaesthesia Liaison Group's Patient Safety Update and FICM Safety Bulletin. These will include:

- HMEFs and plain filters may be confused as they can look similar and the labelling may not be clear.

- Plain filters with sampling ports appear to be of particular risk for being mistaken for HMEF, are designed only for use in anaesthetic machines and should not be available in an ICU.

- All members of the multi-disciplinary team with responsibility for managing ventilated patients must be aware of the difference between the plain filter and HMEF in use on their unit and their correct placement in the ventilator breathing circuit.

- There must be a system in place to ensure that regular checks of the ventilator breathing circuit are undertaken. The check should ensure that an appropriate form of humidification is being used.

We hope that this action will satisfy you that we are taking appropriate steps to ensure that anaesthetists and intensivists are aware of these issues, and that these steps should make future, similar adverse events less likely to occur.

We would be happy to respond to any questions that you might have.

Yours Sincerely

[redacted]

Dr [redacted]
President, Royal College of Anaesthetists

[redacted]

Dr [redacted]
Dean, the Faculty of Intensive Care Medicine