



**Association  
of Anaesthetists**



20 September 2024

Dear Ms Goward,

**Re: Regulation 28: Report to Prevent Future Deaths in the matter of Derryck Lynn Crocker**

Thank you for sending us a copy of your report regarding the sad death of Mr Crocker. We have jointly reviewed the information available to us in the report via our [Safe Anaesthesia Liaison Group](#) (SALG). SALG is a collaborative project between the Association of Anaesthetists, NHS England's Patient Safety team and the Royal College of Anaesthetists (RCoA). One of its core objectives is to analyse anaesthesia-related serious incidents and to share the learning with the specialty across the UK.

In your report, you highlighted your concern that doctors across all specialties undertaking invasive procedures were not trained on the risk of air embolism following any invasive procedure. In further correspondence, you confirmed that you were sending this report to us as representatives of a specialty that undertakes invasive procedures, rather than due to any concerns about the care that Mr Crocker received from anaesthetists or intensivists.

Anaesthetists directly undertake a range of invasive procedures that potentially could be complicated by air embolism, such as the insertion of central venous catheters. We can confirm that the risks of air embolism, and how to spot the signs and symptoms of an air embolism, are included in anaesthetists' training to conduct these procedures<sup>1</sup>. Anaesthetists are often involved in the care of patients who are having invasive procedures delivered by other specialities. Air embolism, as a cause of a clinical emergency, is included in the Association of Anaesthetists' [Quick Reference Handbook \(QRH\)](#)<sup>2</sup>. The QRH is a collection of guidelines on unexpected or uncommon anaesthesia-related emergencies. It aims to ensure the response to a crisis is as organised and all-encompassing as possible, at a time when the cognitive load can impair performance. The QRH helps clinicians focus on delivering care, using the skills and knowledge they already have. All anaesthetists are required to become familiar with guidelines for the management of anaesthetic emergencies, such as the QRH, so that they are automatically reached for in a crisis.<sup>3</sup> Immediate access to emergency guidelines, such as the QRH, in all locations where anaesthesia is given is part of the standards for the RCoA's [Anaesthesia Clinical Services Accreditation](#) (ACSA) scheme.

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

Yours Sincerely

President  
Royal College of Anaesthetists

President  
Association of Anaesthetists

## **References**

1. S Webber, J Andrzejowski, G Francis, Gas embolism in anaesthesia, *BJA CEPD Reviews*, Volume 2, Issue 2, April 2002, Pages 53–57, <https://doi.org/10.1093/bjacepd/2.2.53>
2. The Association of Anaesthetists, Quick Reference Handbook, June 2023 (<https://anaesthetists.org/Home/Resources-publications/Safety-alerts/Anaesthesia-emergencies/Quick-Reference-Handbook>)
3. Royal College of Anaesthetists, Guidelines for the Provision of Anaesthesia Services for the Perioperative Care of Elective and Urgent Care Patients 2024 (<https://www.rcoa.ac.uk/gpas/chapter-2>)