



3 June 2026

[REDACTED]

Heath Westerman
HM Assistant Coroner for the coroner area of
Shropshire, Telford & Wrekin

Dear Mr Westerman

WAYNE AUSTIN (DECEASED)

I am writing in response to the preventing future deaths report in my capacity as managing director of the Association of Ambulance Chief Executives (AACE).

On behalf of AACE, I would like to extend our sincere condolences to the family of Mr Austin.

AACE is a private company owned by the English and Welsh Ambulance NHS trusts. It exists to provide ambulance services with a central organisation that supports, co-ordinates and assists with the implementation of nationally agreed policy. Our primary focus is the ongoing development of UK NHS ambulance services and the improvement of patient care. It is a company owned by NHS organisations and possess the intellectual property rights of the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK ambulance service clinical practice guidelines (the "JRCALC guidelines"). AACE is not constituted to mandate or instruct ambulance services, however, it has national influence via the regular meetings of ambulance chief executives and chairs along with a network of national specialist groups. We must emphasise that as a membership organisation, AACE is not responsible for the training or education of ambulance staff.

Please note that we have liaised with the West Midlands ambulance service as they were also issued with the preventing future death report.

We respond in relation to your matters of concern:

- 1) *Difficulties in locating the appropriate tab for cardiac arrest (where opioid toxicity is the likely cause) on the JRCALC app for Naloxone meant it was missed and not applied.*

We are currently working on standardising all drug monographs through our Medicines Governance Group to ensure that all medicines monographs within JRCALC meet legal, regulatory, and good practice requirements. The naloxone monograph is currently under review, and we have shared the matters of concern with the lead person for the drug monograph and the JRCALC committee who have approved changes in response to your concerns.

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- 2) *Inability of attending paramedics to comply with the guidelines for respiratory arrest/depression due to other competing tasks and therefore certainly a complete inability to comply with the guidelines for cardiac arrest (where opioid toxicity is the likely cause) making them potentially unrealistic.*

The JRCALC committee has approved the removal of the use of naloxone during cardiac arrest. The evidence that naloxone improves survival once cardiac arrest has occurred is limited. Furthermore, it may distract the attending clinicians from more important tasks such as early defibrillation, high quality chest compressions and effective ventilation. The use of naloxone will remain indicated for the reversal of acute opioid or opiate toxicity for respiratory arrest or respiratory depression; this is detailed in several of our clinical guidelines. We have also contacted the UK National Poisons Information Service to discuss the recommended cardiac arrest management for opioid poisoning.

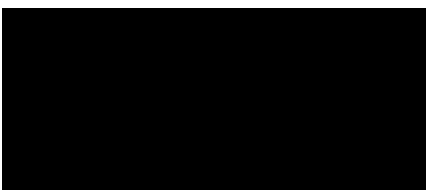
- 3) *WMAS ambulances only carry a box of 10 Naloxone 400mg vials per ambulance which means that one ambulance attending a situation such as Wayne's would be insufficient to deal with the circumstances, as would two ambulances. It would mean that three ambulances are required to comply with cardiac arrest (where opioid toxicity is the likely cause).*

Following the recommendation by JRCALC committee to remove the use of naloxone during cardiac arrest, the amount of naloxone currently recommended would no longer be required.

The changes agreed to the use of naloxone by the JRCALC committee will be reviewed by the national ambulance service medical directors group (NASMeD) and, subject to approval, will subsequently be introduced into ambulance service clinical practice guidelines.

I hope this is helpful. Please do not hesitate to contact me should you require any further information.

Yours sincerely




Managing Director

