



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

POC1_829927

Mr John Pollard
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Dear Mr. Pollard,

Thank you for your letter following the inquest into the death of Millie Thompson. In your report you state that Millie died from choking.

Millie was being fed Shepherds Pie for lunch at the Ramillies nursery and started to choke. She inhaled some of the food which eventually lodged in her left main bronchus. This led to a tension pneumothorax leading to cardiac arrest which was the underlying cause of her death.

When the call was made to the ambulance service it was wrongly assessed by the call taker meaning that a rapid response vehicle was not despatched. The call taker for the ambulance trust misinterpreted the information relating to effective/ineffective breathing and the case was wrongly allocated.

When the ambulance arrived, the oxygen mask that was carried on the vehicle did not properly fit a very young child and so a second ambulance crew had to be called.

You raise the following matters of concern and ask that we consider:

- Only a few of the nursery staff had undergone Paediatric first aid training. You feel it should be mandatory for all nursery staff to take paediatric first aid training;
- There should be better selection and training of call taking staff at the ambulance trust;
- All emergency ambulances should be equipped with suitable paediatric life- saving kit.

I note that you have sent a copy of this Regulation 28 report to the Department for Education (DfE) and the North West Ambulance Service Trust (NWAS). The training of nursery staff is the responsibility of DfE whilst the selection and training of call taking staff at the NWAS is a matter for the NWAS Trust. I believe that these two issues should properly be addressed by the DfE and the NWAS.

With regard to equipping emergency ambulances with suitable paediatric life-saving kit, this is the responsibility of the individual Ambulance Trust.

Officials have however, discussed this issue with colleagues at NWAS and can report that locally, all their emergency response vehicles, both ambulances and rapid response vehicles, are equipped with a range of paediatric emergency equipment as follows:


- Paediatric oropharyngeal airways
- Paediatric Nasopharyngeal airways
- Laryngeal masks
- Paediatric sized oxygen delivery masks
- Neonatal and paediatric bag-valve-mask devices for artificial ventilation
- Paediatric defibrillation pads
- Paediatric sized endotracheal tubes
- Paediatric laryngoscopes
- Cook IO needles – for intra-osseous access (drug/fluid administration)

All of the above equipment may be used in the resuscitation of paediatric patients.

In addition, we will share this Regulation 28 report, our response and the NWAS response with the Association of Ambulance Chief Executives so they can consider whether any further action or guidance is needed with regard to the equipping of emergency vehicles nationally.

I hope that this response is helpful and I am grateful to you for bringing the circumstances of Millie's death to my attention.

Yours sincerely



JEREMY HUNT