# Statutory Registration and Pre-Hospital Emergency Care Practitioners









#### PHECC Register – the Sixth Statutory Healthcare Register

The **Pre-Hospital Emergency Care Council (PHECC)** is an independent statutory body whose functions include establishing and maintaining the sixth statutory healthcare register in Ireland.

This booklet has been compiled to inform clinical and administrative staff in Emergency Departments and other relevant Health Service facilities regarding the training and education – as well as the roles and responsibilities – of pre-hospital emergency care practitioners:



The **Emergency Medical Technician** can provide basic life support including automated external defibrillators, oropharyngeal airways, bag-valve-mask, glucometry and basic trauma care.

The EMT may administer Aspirin, GTN, Glucagon, Epi-pen and Entonox.

#### Paramedic (P)



The **Paramedic** can provide intermediate life support. This includes the skills listed for EMT and the insertion of a laryngeal mask airway & nasopharyngeal airway, 12 lead ECG, peak flow meter, cease resuscitation, and cervical injury decision.

The Paramedic may administer the medications permitted for an EMT as well as Epinephrine (1:1000), Naloxone, Salbutamol and Paracetamol. The Paramedic may maintain intravenous infusions once commenced.

#### Advanced Paramedic (AP)



The **Advanced Paramedic** can provide advanced life support. This includes the skills listed for Paramedic and the use of an endotrachael tube, intravenous cannulation, manual defibrillation, thrombolysis, needle thoracocentesis, needle cricothyrotomy and urinary catheterisation.

The Advanced Paramedic may administer the medications permitted for a Paramedic and 23 additional medications for acute emergency medical and traumatic conditions from cardiac arrest to hypovolaemia.



#### PHECC Register – the Sixth Statutory Healthcare Register

**(AP)** identify healthcare professionals who are registered with PHECC. Pre-hospital emergency care practitioners are eligible to join the PHECC Register once they have completed PHECC's Standard of Education & Training at the relevant level and have been awarded the National Qualification in Emergency Medical Technology (NQEMT).

REGISTER DIVISION (JANUARY 2009)	COUNT
Emergency Medical Technician (EMT)	257
Paramedic (P)	2167
Advanced Paramedic (AP)	157
Total Registered Practitioners	2581

#### **Emergency Medical Technician (EMT)**

An Emergency Medical Technician (EMT) is a registered practitioner who has completed PHECC's Standard of Education & Training at EMT level. This is the minimum clinical level that is recommended to provide care and transport of an ill or injured patient.

The duration of education and training is five weeks and is designed to provide the EMT with the knowledge and skills for working primarily in patient transport services and in supporting the prehospital response to patients accessing the 999/112 emergency medical services. The EMT can work for the HSE – National Ambulance Service; Dublin Fire Brigade; fire, rescue and auxiliary services; and voluntary or private ambulance services.

Successful completion of an EMT course at a PHECC-Recognised Training Institution entails four weeks theory and one week clinical practice and assessment. The National Qualification in Emergency Medical Technology (NQEMT) at EMT level is awarded to successful candidates after a written paper comprised of multiple choice questions (MCQs) and a practical objective structured clinical examination (OSCE).

#### Paramedic (P)

A Paramedic (P) is a registered practitioner who has completed PHECC's Standard of Education & Training at Paramedic level. This is the minimum clinical level that is recommended to provide care & transport of an ill or injured patient following a 999/112 call.

The Paramedic is principally engaged in responding to patients who access the 999/112 service for emergency medical assistance. The Paramedic can work for the HSE – National Ambulance Service; Dublin Fire Brigade; fire, rescue and auxiliary services; and voluntary or private ambulance services.

The education and training for Paramedics consists of 28 weeks theory, supervised clinical practice on emergency ambulance vehicles and healthcare service placements as well as one year Internship. The Paramedic assessment comprises of two written papers; one multiple choice question (MCQ) and one short written answer (SWA) exam plus two practical, objective structured clinical examinations (OSCE). In addition, successful completion of a structured competence assessment during the one-year Internship including case study submission, completion of professional development modules and competency assessment is required prior to full registration on the Paramedic division of the PHECC Register. The NQEMT at Paramedic level is awarded to successful candidates.

#### Advanced Paramedic (AP)

An Advanced Paramedic (AP) is a registered practitioner who has at least 3 years experience as a Paramedic.

The AP standard of education and training prepares graduates for their role as clinical leaders and expert practitioners in the field of pre-hospital emergency care. Their deployment in the HSE is a matter for the National Ambulance Service and varies from region to region; nonetheless their role has been designed to contribute to a reduction in the morbidity and mortality of patients experiencing life threatening events pre-hospital. One significant advance in this area is the expected roll-out of pre-hospital thrombolysis in 2009.

There is no direct entry to this course of training and candidates are experienced Paramedics principally employed by the HSE – National Ambulance Service and Dublin Fire Brigade. The standard builds substantially on the Paramedic standard and currently requires fourteen weeks theory and clinical practice; six weeks in-hospital and a further six weeks on emergency response vehicles with supervision.

AP assessment includes written papers; multiple choice question (MCQ) and short written answer (SWA) exams, a practical, objective structured clinical examination (OSCE), a component of continuous assessment by submitting case studies/reviews and finally a panel exam. The NQEMT at AP level is awarded to successful candidates.

The current AP standard of education and training is under review, it is expected that one year of AP Internship and competence assessment will be added prior to registration in 2009. It is expected that the AP role will be expanded to include the treatment and discharge of patients who access the health service through the 999/112 system but who do not need hospital admission. This initiative will be supported by PHECC's Clinical Practice Guidelines.

and Pre-Hospital Emergency Care Practitioners

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### Clinical skills and medication administration

Care management, including the administration of medications, as per level of training and division on the PHECC Register:

Key				
$\checkmark$	Authorised under PHECC CPGs after c or during training courses completed	completion of a PH after 2nd April 2007	ECC-approved CF '.	'D module
√SA	Authorised subject to special authorise	ation as per CPG.		
APO	Authorised under PHECC CPGs to assi Paramedic or higher clinical levels).	st practitioners only	(when applied to	EMT, to assist
URMPIO	Authorised under PHECC CPGs under	r registered medico	al practitioner's inst	tructions only.
	Medications	EMT	Р	AP
Aspirin PO		$\checkmark$	$\checkmark$	$\checkmark$
Epinephrine (	1:1,000) auto injector	$\checkmark$	$\checkmark$	$\checkmark$
Glucagon IM	, ,	$\checkmark$	$\checkmark$	$\checkmark$
Glucose Gel I	Buccal	$\checkmark$	$\checkmark$	$\checkmark$
GTN SL		$\checkmark$	$\checkmark$	$\checkmark$
Nitrous oxide	& Oxygen (Entonox ®)	$\checkmark$	$\checkmark$	$\checkmark$
Oxygen		$\checkmark$	$\checkmark$	$\checkmark$
Paracetamol	PO	$\checkmark$	$\checkmark$	$\checkmark$
Salbutamol a	erosol	√SA	$\checkmark$	$\checkmark$
Morphine IM		URMPIO	URMPIO	√SA
Epinephrine (	1:1,000) IM		$\checkmark$	$\checkmark$
Ibuprofen PO			$\checkmark$	$\checkmark$
Naloxone IM			$\checkmark$	$\checkmark$
Salbutamol n	ebule		$\checkmark$	$\checkmark$
Dextrose 10%	IV		√SA	$\checkmark$
Hartmann's S	olution IV/IO		√SA	$\checkmark$
Sodium Chlor	ide 0.9% IV/IO		√SA	$\checkmark$
Amiodarone	IV/IO			$\checkmark$
Atropine IV/IC	)			$\checkmark$
Benzylpenicill	in IM/IV/IO			$\checkmark$
Clopidogrel P	20			$\checkmark$
Cyclizine IV				$\checkmark$
Diazepam IV/	/PR			$\checkmark$
Enoxaparin IV	//SC			$\checkmark$
Epinephrine (	1:10,000) IV/IO			$\checkmark$
Furosemide IV	//IM			$\checkmark$
Ipratropium b	promide nebule			$\checkmark$
Lidocaine IV				✓SA
Lorazepam PC	)			$\checkmark$
Magnesium S	ulphate IV			$\checkmark$

### Clinical skills and medication administration

All skills apply to adults and children unless specified.

Medications	EMT	Р	АР
Midazolam IV/IM/Buccal/IN			$\checkmark$
Morphine IV/PO			$\checkmark$
Naloxone IV/IO			$\checkmark$
Nifedipine PO			$\checkmark$
Ondansetron IV			$\checkmark$
Paracetamol PR			$\checkmark$
Sodium Bicarbonate IV			$\checkmark$
Syntometrine IM			$\checkmark$
Tenecteplase IV			$\checkmark$

Skill/Clinical Procedure	EMT	Р	AP
Airway & Breathing Management			
BVM	$\checkmark$	$\checkmark$	$\checkmark$
Cricoid pressure	$\checkmark$	$\checkmark$	$\checkmark$
FBAO management	$\checkmark$	$\checkmark$	$\checkmark$
Head tilt chin lift	$\checkmark$	$\checkmark$	$\checkmark$
Jaw thrust	$\checkmark$	$\checkmark$	$\checkmark$
Non-rebreather mask	$\checkmark$	$\checkmark$	$\checkmark$
OPA	$\checkmark$	$\checkmark$	$\checkmark$
Oxygen humidification	$\checkmark$	$\checkmark$	$\checkmark$
Pocket mask	$\checkmark$	$\checkmark$	$\checkmark$
Recovery position	$\checkmark$	$\checkmark$	$\checkmark$
SpO <sub>2</sub> monitoring	$\checkmark$	$\checkmark$	$\checkmark$
Suctioning	$\checkmark$	$\checkmark$	$\checkmark$
Venturi mask	$\checkmark$	$\checkmark$	$\checkmark$
Flow restricted oxygen-powered ventilation device		$\checkmark$	$\checkmark$
LMA/LT adult		$\checkmark$	$\checkmark$
NPA		$\checkmark$	$\checkmark$
Peak flow		$\checkmark$	$\checkmark$
End Tidal CO <sub>2</sub> monitoring			$\checkmark$
Endotracheal intubation			$\checkmark$
Laryngoscopy and Magill forceps			$\checkmark$
LMA/LT child			$\checkmark$
Nasogastric tube			$\checkmark$
Needle cricothyrotomy			$\checkmark$
Needle thoracocentesis			$\checkmark$
Cardiac			
2-rescuer CPR	$\checkmark$	$\checkmark$	$\checkmark$

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### and Pre-Hospital Emergency Care Practitioners



## Clinical skills and medication administration

AED adult	$\checkmark$	$\checkmark$	$\checkmark$
AED child	$\checkmark$	$\checkmark$	$\checkmark$
CPR adult, child & infant	$\checkmark$	$\checkmark$	$\checkmark$
CPR newly born	$\checkmark$	$\checkmark$	$\checkmark$
ECG monitoring (lead II)	$\checkmark$	$\checkmark$	$\checkmark$
Emotional support	$\checkmark$	$\checkmark$	$\checkmark$
Mechanical assist CPR device	$\checkmark$	$\checkmark$	$\checkmark$
Recognise death and resuscitation not indicated	$\checkmark$	$\checkmark$	$\checkmark$
12-lead ECG		$\checkmark$	$\checkmark$
Active cooling		$\checkmark$	$\checkmark$
Cease resuscitation		$\checkmark$	$\checkmark$
Impedance Threshold Device			$\checkmark$
Manual defibrillation			$\checkmark$
Haemorrhage Control			·
Direct pressure	$\checkmark$	$\checkmark$	$\checkmark$
Nose bleed	$\checkmark$	$\checkmark$	$\checkmark$
Pressure points		$\checkmark$	$\checkmark$
Tourniquet use		$\checkmark$	$\checkmark$
Medication Administration			
Buccal route	$\checkmark$		<b>√</b>
Inframuscular injection	$\checkmark$		<b>√</b>
	$\checkmark$		<b>√</b>
Per derosol	$\checkmark$		<b>√</b>
Sublingual	$\checkmark$		✓
Per nebuliser		<u>√</u>	✓
Infusion maintenance		✓ SA	<b>√</b>
Infusion calculations			<u>∕</u>
Intraosseous injection/infusion			<b>√</b>
Intravenous injection/infusion			<b>√</b>
Perrectum			<b>√</b>
Subcutaneous injection			$\checkmark$
Trauma			
Active re-warming	$\checkmark$	$\checkmark$	$\checkmark$
Cervical collar application	$\checkmark$	$\checkmark$	$\checkmark$
Cervical spine manual stabilisation	$\checkmark$	$\checkmark$	$\checkmark$
Helmet stabilisation/removal	$\checkmark$	$\checkmark$	$\checkmark$
Log roll	$\checkmark$	$\checkmark$	$\checkmark$
Move and secure patient into a vacuum mattress	$\checkmark$	$\checkmark$	$\checkmark$
Move and secure patient to a long board	$\checkmark$	$\checkmark$	$\checkmark$
Move patient with a canvas sheet	$\checkmark$	$\checkmark$	$\checkmark$
Move patient with an orthopaedic stretcher	$\checkmark$	$\checkmark$	$\checkmark$
Rapid extraction	$\checkmark$	$\checkmark$	$\checkmark$

(Table continued on next page)

### Clinical skills and medication administration

Spinning device application to upper limb / / / / / / / / / / / / / / / / / / /	Splinting device application to lower limb	1	1	1
Julia ming device of patient with an extrication device         APO         ✓         ✓           Repositioning # limbs         APO         ✓         ✓           Secure and move a patient with an extrication device         APO         ✓         ✓           Secure and move a patient with an extrication device         APO         ✓         ✓           Spinal injury decision         ✓         ✓         ✓         ✓           Spinal injury decision         ✓         ✓         ✓         ✓         ✓           Assit in the normal delivery of a baby         ✓	Splinting device application to upper limb			
Reposition of minute         Reposition         Reposition           Secure and move a patient with an extrication device         APO         ✓           Traction splint application         APO         ✓           Move and secure patient to a paediatric board         ✓         ✓           Spinal injury decision         ✓         ✓           Conservation         ✓         ✓           Assist in the normal delivery of a baby         ✓         ✓           De-escalation and breakwary skills         ✓         ✓           Glucometry         ✓         ✓         ✓           Broselow tape         ✓         ✓         ✓           Delivery complications         ✓         ✓         ✓           Intracesseous cannulisation         ✓         ✓         ✓           Intracesseous cannulisation         ✓         ✓         ✓           Intracessement         ✓         ✓         ✓           Assess pupils         ✓         ✓         ✓           APPU         ✓         ✓         ✓           Bload pressure         ✓         ✓         ✓           Bload pressure         ✓         ✓         ✓           APPU         ✓         ✓	Penacitianing # limbs		• •	• •
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Incluins puint appendix to a paediatric board Spinal injury decision Taser gun barb removal Other Assist in the normal delivery of a baby De-escalation and breakway skills V De-escalation and breakway skills V Delevery complications External massage of uterus Intraceseous cannulisation Intravenous cannulisation V Drate the firstion Patient Assessment Assess responsiveness V AVPU Blood pressure V Blood pressure V Capacity evaluation Capacity evaluation V Check breathing Completer tringle V Assess responsivenes V Capacity evaluation V Check breathing Completer tringle V Assessment Assessment V Assessment V Assessment Assessment Assessment Assessment Assessment Assessment Assessment Assessment Assessment Assessment A	Traction splint application		V	V V
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Glucometry       ✓       ✓         Broselow tape       ✓       ✓         Broselow tape       ✓       ✓         Delivery complications       ✓       ✓         Intracosseous cannulisation       ✓       ✓         Intravenous cannulisation       ✓       ✓         Urinary catheterisation       ✓       ✓         Patient Assessment       ✓       ✓         Assess pupils       ✓       ✓         AVPU       ✓       ✓         Blood pressure       ✓       ✓         Breathing & pulse rate       ✓       ✓         Capacity evaluation       ✓       ✓         Capacity evaluation       ✓       ✓         Check breathing       ✓       ✓         Check breathing       ✓       ✓         Check breathing       ✓       ✓         Patient clinical status       ✓       ✓         Patient clinical status       ✓       <	De-escalation and breakaway skills	✓	✓	<ul> <li>✓</li> </ul>
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#### Statutory Registration

#### and Pre-Hospital Emergency Care Practitioners

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#### Seizure / convulsion - Adult

5/6.4.20 Published 22nd May 2008



Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

#### **Statutory Registration**

and Pre-Hospital Emergency Care Practitioners



### **Glycaemic Emergency - Adult**

**4.4.19** Published 22nd May 2008



### **Glycaemic Emergency - Adult**

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Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

#### Patient Care Report (PCR) and electronic Patient Care Report (ePCR)

Recording interventions and medications administered to patients pre-hospital is an essential clinical responsibility for all pre-hospital emergency care practitioners. This information is recorded on the national Patient Care Report. Audit of this data by the ambulance service will continue to validate the effectiveness of patient care and pre-hospital emergency care education and training.

The completed top copy of the PCR is included as part of the patient handover from the pre-hospital emergency care practitioner to the Emergency Department staff and the second copy is stored by the ambulance service according to PHECC Clinical Record Management Guidelines.

In parallel, the ambulance service in the HSE North East are using tablet PCs to record patient information on the PHECC ePCR system which integrates with the Computer Aided Dispatch System (CAD) in the Communication Centre located in Ambulance Headquarters in Navan and the Life Pack 12 defibrillator located in the ambulance. At any time the practitioner deems appropriate, patient data can be transmitted to an eTriage application which can be viewed in four Emergency Departments in the region. The departments are, Our Lady of Lourdes, Drogheda; Cavan General Hospital, Cavan; Our Lady's Hospital, Navan; and Louth County Hospital, Dundalk. The patient data, including assessment details, vital observation, clinical management and interventions and ECG tracing can be viewed by Emergency Department nurses and clinicians.

The ambulance service in the HSE West counties of Mayo and Roscommon are implementing the stand-alone ePCR system and currently Belmullet ambulance station are recording patient data on tablet PCs and printing the ePCR report in the Emergency Department in Mayo General Hospital in Castlebar. Background work on eTriage implementation has been completed and this will be soon installed Mayo General Hospital.

In the future it is planned to roll out the integrated ePCR system nationally.

A copy of the PCR content is included here.

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