

## Medical Advisory Committee

### Meeting Minutes

29<sup>th</sup> March 2018

#### Present

David Irwin (Vice Chair)  
David Menzies (Chair - via t/c)  
David Hennelly (via t/c)  
Ian Brennan  
Niamh Collins  
Eoghan Connolly  
Martin O'Reilly  
Cathal O'Donnell  
Shane Mooney  
Macartan Hughes  
Lisa Cunningham Guthrie

#### Apologies

Hillery Collins  
Shane Knox  
Mick Molloy  
Stanley Koe  
Mark Dixon  
Jason van der Velde  
Peter O'Connor  
Gerard Bury

#### In attendance

Brian Power, PHECC  
Ricky Ellis, PHECC  
Margaret Bracken, PHECC

---

#### 1. Chair's Business

The meeting was chaired by the Vice Chair who welcomed the assembled members. The Chair and David Hennelly attended the meeting via teleconference. Apologies were noted.

#### 2. Minutes from January 2018 meeting

The minutes of the meeting held on 25<sup>th</sup> January were reviewed.

Amendments on 3.3.1 and 3.3.2 were agreed and noted to read as follows:

3.3.1 The medication formulary be amended to list 1% (10 mg/mL) ampoule with the indication as a solvent for Ceftriaxone.

Resolution: That the Medical Advisory Committee agree the Lidocaine formulary be updated to reflect a) Presentation: ampoule 10 mg/mL of 1% Lidocaine and b) Indication: as a solute for Ceftriaxone.

3.3.2 Remove the sentence 'It was clarified that the 5 g in 10 mL presentation of Magnesium.'

**Resolution: That the Medical Advisory Committee approve the minutes of the meeting held on 25<sup>th</sup> January 2018 subject to agreed amendments.**

**Proposed:** Niamh Collins  
Carried without dissent

**Seconded:** Ian Brennan

## 2.1 Matters Arising

- NRP and National Clinical Programme for older persons - Brian Power advised that he contacted NRP in relation to room air for neonatal resuscitation and National Clinical Programme for older persons regarding crossover of community programmes and no responses have been received.

## 3. Clinical Queries

### 3.1 Secondary Survey – Paediatric CPG typo identified

Brian Power advised that a Paramedic identified an error in CPG 4/5/6.7.4 Secondary Survey –Paediatric. In the Paediatric Normal Ranges respirations are given as 22-34 for age 7-12 months and according to Irish Children's Triage System it should be 25-45. It was agreed that this constituted a typographical error and that the CPG could be corrected accordingly without the requirement to go to Council for formal approval.

### 3.2 DNR CPG query

Correspondence from a paramedic to the Chair of MAC was included in the meeting papers concerning CPG 5/6.4.8 End of Life – DNR. The paramedic had experienced his first DNR order while transporting an elderly patient with dementia from a nursing home. The paramedic outlined why he felt that he could not accept the DNR as it did not contain a photo of the patient, the DNR was attached by a paper clip to the patient's file, and was signed by two doctors, both of whom were unknown to the paramedic. The paramedic requested that the Medical Advisory Committee seek the view of a legally qualified advisor to draft a new CPG on this subject as it is his opinion that the original is ambiguous and has no legislative basis.

The Vice Chair addressed the meeting and following discussion the consensus was that drafting a new CPG is not necessary, and in the absence of definitive legislation, as the current legislation is not fully enacted, the CPG provides very good guidance for practitioners, taking into account the dignity of the patient and grief of the family. Brian Power, the Chair and the Vice Chair of MAC, will draft a response to the paramedic thanking him for his correspondence and acknowledging his concerns, and advising him that after discussion and careful consideration by the Medical Advisory Committee CPG 5/6.4.8 End of Life – DNR is acceptable in its current form and it is unnecessary to draft a new CPG. Furthermore, the MAC suggest that the Paramedic seek direction from his employer on this matter.

## 4. Correspondence

- At the January MAC meeting a query was made in relation to the appropriateness of using Nifedipine for a prolapsed cord presentation. Brian Power outlined that the Obstetrics programme was consulted in relation to all the emergency obstetric CPGs and had agreed them, and he consulted with the National Obstetric Programme, as requested, in relation to this issue. The response from a Consultant in Obstetrics and Gynaecology, National Maternity Hospital and UCD, was included in the meeting papers. Niamh Collins indicated that the question put forward to the Consultant did not address her original query. Dr Collins agreed to draft a specific question following which Brian Power will forward it to the National Obstetric Programme for a response.
- Brian Power contacted the Medication Safety Officer in Our Lady's Children's Hospital Crumlin, as requested by MAC, in relation to the safety alert issued for IV Paracetamol by the Irish Medication Safety Network for in hospital patients. The response from OLCHC was included in the meeting papers. OLCHC

- advise that the potential for serious adverse events from overdose is high and for this reason they question if the benefit of giving Paracetamol in IV form to the paediatric population in the pre-hospital setting outweighs the risk.

It was pointed out by the vice Chair that the issue in relation to IV Paracetamol was discussed and a decision made at the last MAC meeting. However, in light of the recommendation from Crumlin Children's Hospital the issue was opened for further discussion. The majority were in support that the status quo remains as per previous MAC decision, however agreement was not unanimous. Niamh Collins requested that her dissent be noted. It was agreed nevertheless to include in the medication formulary additional information section that IV Paracetamol should not be administered where PO or PR Paracetamol has been administered in the previous 4 hours. The presentation to specify both 50 mL with 100 mL containers.

During a follow-on discussion on privileging, Shane Mooney, Chair of the Quality and Safety Committee informed the members that the Quality and Safety Committee discussed exemptions and supplementary initiatives at their meeting on 26<sup>th</sup> March and were of the opinion that responsibility for privileging should rest with the Medical Director of the licensed CPG provider. Shane Mooney further advised that the Q&S Committee has recommend to Council, following legal advice, that PHECC cease granting exemptions to licensed CPG providers to eliminate the risk to the public, PHECC registered practitioners and PHECC itself. The MAC members gave its endorsement for this position.

**Resolution: That the Medical Advisory Committee recommend the inclusion in the medication formulary for Paracetamol; 'do not administer IV Paracetamol where PO or PR Paracetamol has been administered in the previous 4 hours'.**

**Proposed:** Eoghan Connolly  
Carried with dissent

**Seconded:** Shane Mooney

**Resolution: That the Medical Advisory Committee recommend the inclusion in the medication formulary for Paracetamol; 'presentation of 50 mL and 100 mL container'.**

**Proposed:** Shane Mooney  
Carried without dissent

**Seconded:** Ian Brennan

## 5. Clinical Developments

### 5.1 Medications during pregnancy

A draft table of PHECC Medication use during pregnancy setting out indications for use of each medication as per PHECC CPG with comments, and a traffic light colour coding system to identify safe use during pregnancy, with suggested actions, was contained in the meeting papers. Brian Power provided an overview of the development process and outlined that NAS had drafted the original document and were to be highly complemented. He further advised that a pharmacist was consulted to verify medication safety.

Following discussion, it was agreed to include the words 'and comments' after the heading 'Indications for use as per PHECC CPG', all text will be black to avoid confusion, and the traffic light colour coding system will remain.

**Resolution: That PHECC Medication use during pregnancy document be recommended to Council for approval.**

**Proposed:** Eoghan Connolly

**Seconded:** Niamh Collins

Carried without dissent

## 5.2 P/AP recognition of heart block and transcutaneous pacing

Additional documentation from the Vice Chair pertaining to this agenda item were tabled. As there was a lot of information presented in the documents Brian Power proposed that this agenda item be deferred to the next MAC meeting to allow members time to read all the material and make informed decisions. The members agreed with this. The Vice Chair provided a brief overview in preparation for the next meeting of the Committee. The documents will be sent electronically to all members.

Niamh Collins noted that further discussion is required regarding different skill sets with respect to community care, critical care, and remote and austere care. A division on the AP register for a Community Paramedic was also suggested.

## 5.3 Ambulance transport to local injury units

The Chair advised that he contacted the Emergency Medicine Programme (EMP) regarding ambulance transport to local injury units. Cathal O'Donnell informed the members that from a NAS perspective this is worth considering, and he also spoke to the EMP who have indicated some safety concerns.

## 5.4 IM/SC Epinephrine for life threatening asthma

Niamh Collins relayed that studies for administering IM Epinephrine for life threatening asthma have not provided sufficient evidence and there is not a lot of support to advocate for this. At the January MAC meeting Dr Collins suggested a Respiratory Distress Subgroup may be merited to look at issues such as CPAP and asthma and Jason van der Velde offered to contribute to such a group. Dr van der Velde was not in attendance at this March MAC meeting and will be consulted prior to further discussion at the May MAC meeting.

## 5.5 Pre-hospital sedation

David Hennelly suggested that the subgroup on pre-hospital sedation convene within the next few weeks and put together a proposal for consideration of MAC for the next meeting in May.

## 5.6 Trauma system – Report; implications for PHECC practitioners

The Trauma Steering Group report 'A Trauma System for Ireland' was included in the meeting papers for information. The members discussed implications for PHECC practitioners as a result of the report. The report will be reviewed by the members and discussed at the MAC Strategy Meeting on 3<sup>rd</sup> May.

## 5.7 2018 Guidelines for the early management of patients with acute ischemic stroke

The AHA/ASA 2018 Guidelines for the early management of patients with acute ischemic stroke were included in the meeting papers for information. The intended audiences for the report are prehospital care providers, physicians, allied health professionals, and hospital administrators. A discussion ensued. Brian Power agreed to write to the Stroke Programme referring to the 2018 Guidelines, and suggest that engagement could be mutually beneficial. A Stroke day was suggested.

## 6. CPG Development Process

### 6.1 Shock from blood loss – Paediatric\*

A revised draft CPG 5/6.7.51 Shock from Blood Loss – Paediatric was included in the meeting papers. Following discussion amendments were agreed to reflect the Adult CPG 5/6.6.8 as follows.

- Title to be amended to 'Actual/Potential Shock from Blood Loss'
- Clinical signs of shock to include post trauma; 'Clinical signs of shock post trauma'
- Box to be added 'Mechanism suggestive of significant risk of haemorrhage'

Brian Power will amend accordingly and a revised draft CPG will be included for review at a future MAC meeting.

### 6.2 COPD CPG

### 6.3 Behavioural Emergency CPG

### 6.4 Sedation CPG

These CPGs are to be progressed through subgroups.

## 7 Clinical Practice at Events

### 7.1 Clinical Care at Events Sub Committee

Brian Power informed the members that the Clinical Care at Events Sub Committee held a preliminary scoping meeting in January and a second meeting is scheduled for 20<sup>th</sup> April. An update will be provided at the next MAC meeting in May.

## 8 MAC Strategy 2017-2020

It was agreed to hold the MAC Strategy 2017-2020 meeting on Thursday 3<sup>rd</sup> May @ 10:00.

## 9 External communications, consultation, feedback

Documentation from Barry O'Sullivan, PHECC Registrar, regarding medical direction/supervision versus registrant scope of practice was tabled for discussion. The Registrar noted his concerns following recent events, Irish Amateur Boxing Association (IABA) event, and MMA fight, which have highlighted some grey areas that require examination and clarification.

Brian Power informed the members that the role of Medical Directors of licensed CPG providers, the role of Medical Practitioners at planned and unplanned incidents and events, and the relationships between Medical Practitioners and PHECC Registrants, were discussed at the March Quality and Safety Committee meeting as quality and safety issues and he provided an overview to the members. The Quality and Safety Committee agreed that the terminology needs to be clearly defined, and strong guidance issued to our practitioners in order for them to operate within their own scope of practice. Clarification and advice will be sought from the Medical Council of Ireland, Medical Insurance Companies, the Nursing and Midwifery Board of Ireland (NMBI), the Irish College of General Practitioners (ICGP), and PHECC's legal advisors. It was also suggested by the Q&S Committee that a more appropriate title to use might be clinical lead and not medical director when referring to events.

**10 AOB**

The next meeting of the Committee will be held on Thursday 31<sup>st</sup> May @ 10:00am in the PHECC office.

There being no other business the meeting concluded.

Signed: \_\_\_\_\_

Chair



Date: \_\_\_\_\_

31.5.18