



A **VIEW** OF PRE-HOSPITAL EMERGENCY CARE IN IRELAND

A VIEW of **Pre-Hospital Emergency Care** in Ireland

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ABBREVIATIONS

AAP	Association of Ambulance Personnel
AED	Automated External Defibrillator
AP	Advanced Paramedic
BLS	Basic Life Support
CFR	Cardiac First Response
CFRR	Cardiac First Response Report
CICS	Centre for Immediate Care Studies
CPD	Continuing Professional Development
CPG	Clinical Practice Guideline
CPR	Cardiopulmonary Resuscitation
DFB	Dublin Fire Brigade
DoHC	Department of Health and Children
ECG	Electrocardiogram
EFR	Emergency First Response
EMC	Emergency Medical Controller
EMT	Emergency Medical Technician
ePCR	electronic Patient Care Report
GTN	Glyceryl Trinitrate
HSA	Health and Safety Authority
HSE	Health Service Executive
IM	Intra-muscular
ISIC	Irish Society for Immediate Care
MERIT	Medical Emergency Responders Integration and Training
NASC	National Ambulance Service College
NQEMT	National Qualification in Emergency Medical Technology
NRA	National Roads Authority
NUIG	National University of Ireland, Galway
OFA	Occupational First Aid
OHCA	Out-of-Hospital Cardiac Arrest
P	Paramedic
PCR	Patient Care Report
PHECC	Pre-Hospital Emergency Care Council
RTA	Road Traffic Accident
SCDTFR	Sudden Cardiac Death Task Force Report
UCD	University College Dublin
UL	University of Limerick

WHAT IS PRE-HOSPITAL EMERGENCY CARE?

Pre-hospital emergency care is any medical care or intervention that a seriously ill or injured person receives from trained personnel before being taken to hospital. This immediate care can make a huge difference to someone's outcome or even to their survival.

Emergency medical care can be given by someone within the community such as a GP, someone who has trained as a responder, or by ambulance personnel who have trained to become registered practitioners.

We are working with the health industry towards an integrated approach to pre-hospital emergency care to protect the public of Ireland. PHECC is responsive to the needs of practitioners, patients and the public.

Dr Geoff King, Director



WHAT IS THE PRE-HOSPITAL EMERGENCY CARE COUNCIL (PHECC)?

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory body with responsibility for standards, education and training in the field of pre-hospital emergency care in Ireland.

PHECC was established by the Minister for Health and Children by Statutory Instrument Number 109 of 2000 (PHECC Establishment Order). PHECC's responsibilities were enhanced by Statutory Instrument Number 575 of 2004 (PHECC Amendment Order) and The Health (Miscellaneous Provisions) Act 2007.

Council members are appointed by the Minister for Health and Children on the basis of their involvement and expertise in pre-hospital emergency care.

The Council is advised and assisted by three Standing Committees and two Working Groups made up of Council members and health industry and community partners.

- *Clinical Care Committee*
- *Audit Committee*
- *Control Working Group*
- *Accreditation Committee*
- *Medical Advisory Group*

The Clinical Care Committee advises Council on operational aspects of clinical care matters.

The Accreditation Committee recognises training institutions and approves course content for education and training, sets examination standards and oversees quality assurance and examination appeals, recommends recognition of equivalent qualifications in pre-hospital emergency care, sets standards for entry onto the PHECC Register and oversees registration appeals.

The Audit Committee advises Council on internal control as part of Council's commitment to best practice in governance.

The Medical Advisory Group is Council's expert group on medical matters.

The Control Working Group advises Council on matters relating to Standards and Emergency Medical Controllers (EMCs).

The Council is supported on a daily basis by the PHECC executive comprising the Director, Deputy Director and Registrar, Programme Development Officers, Client Services Manager, Council Secretary, Support Officers and Clerical Officers.

WHAT IS THE PURPOSE OF PHECC?

Pre-hospital emergency services in Ireland are delivered by the National Ambulance Service in the four health regions, previously the eight regional health boards, and in the Dublin area by the Dublin Fire Brigade (DFB), as well as voluntary, auxiliary and private ambulance services.

Mission Statement

The Pre-Hospital Emergency Care Council protects the public by specifying, reviewing, maintaining and monitoring standards of excellence for the delivery of quality pre-hospital emergency care for people in Ireland.

Vision

That people in Ireland receive the best possible **pre-hospital emergency care**.

PHECC's Mission Statement and Vision are supported by Strategic Plans 2002-2005 and 2006-2009.

In the last seven years PHECC has begun to develop and put in place a comprehensive and fully integrated programme towards enhancing pre-hospital emergency care. The programme includes:

- i Education and Training Standards** across six levels of responders and practitioners. The new standards are being introduced progressively over three years from January 2007.
- ii Assessments and Awards** (Examination and Certification) across six levels of responders and practitioners.
- iii Record of Responders and PHECC Register of Practitioners.**
- iv Clinical Practice Guidelines** to support best practice by responders and practitioners.
- v Information Management: Cardiac First Response Report** (for responders) and **Patient Care Report** (for practitioners) for information collection and analysis.
- vi Research and Development** of pre-hospital emergency care services.

i. PHECC EDUCATION AND TRAINING STANDARDS

PHECC has developed a set of Education and Training Standards to international current best practice that can be delivered through PHECC-approved courses at PHECC-recognised training institutions.

There are six standards:

Three standards for emergency care responders:

1	Cardiac First Response (CFR)
2	Occupational First Aid (OFA) Certificate (A Health and Safety Authority (HSA) Standard)
3	Emergency First Response (EFR)

and three standards for emergency care practitioners:

4	Emergency Medical Technician (EMT)
5	Paramedic (P)
6	Advanced Paramedic (AP)

On completion of training at responder level, candidates are assessed in their knowledge and skills to become certified responders.

On completion of training at practitioner level, candidates can present for examination towards the appropriate National Qualification in Emergency Medical Technology (NQEMT). Individuals who hold NQEMT at practitioner level can apply to join the PHECC Register at the level appropriate to their qualification (EMT, Paramedic or Advanced Paramedic).

Standards for Emergency Care Responders

Training at levels 1-3 enables individuals to become non-transporting responders. Responders are trained at a minimum in basic life support (BLS) and the use of an automated external defibrillator (AED). Responders could be from voluntary or auxiliary ambulance services, or they may be GPs, uniformed persons, e.g. fire brigade, Gardaí, or non-uniformed individuals, e.g. responders in the community.

i. PHECC EDUCATION AND TRAINING STANDARDS

1 Cardiac First Response (CFR)

This standard includes knowledge and skills for adult and child cardio-pulmonary resuscitation (CPR), automated external defibrillator (AED) use, relief of foreign body airway obstruction and administration of Aspirin for cardiac chest pain. Additional skills e.g. paediatric defibrillation and discontinuation of resuscitation efforts are included for registered healthcare professionals.

Cardiac First Responders undergo 6-8 hours of training followed by assessment and certification. Cardiac First Responders are recertified every two years. The Cardiac First Response standard is an integral component of each standard including the Health and Safety Authority Occupational First Aid standard.

2 Occupational First Aid (OFA) (Health and Safety Authority Standard)

The HSA has regulatory authority over standards in the occupational setting and has incorporated the Cardiac First Response standard as a mandatory component of the Occupational First Aid standard.

3 Emergency First Response (EFR)

Emergency First Responders can give assistance to patients with general medical and trauma emergencies including giving oxygen, suctioning and using oropharyngeal airways. EFRs are approved to assist a person in the self-administration of prescribed Salbutamol (for breathing difficulties), glyceryl trinitrate (GTN) (for cardiac chest pain) and glucose gel (for diabetic emergencies). EFRs can manually stabilise the cervical spine and apply a cervical collar.

EFRs can carry out certain other procedures under the direct supervision of a PHECC-registered practitioner. EFRs undergo a five-day training programme followed by assessment and certification, and are recertified every three years.

i. PHECC EDUCATION & TRAINING STANDARDS

Standards for Emergency Care Practitioners

Training at levels 4 - 6 enables individuals to become transporting practitioners. Practitioners could be members of the Health Service Executive (HSE) National Ambulance Service, Dublin Fire Brigade or the voluntary, auxiliary and private ambulance services.

4 Emergency Medical Technician (EMT)

Practitioners at this level can administer a range of medications e.g. for pain relief, asthma and shock. Knowledge and skills include using a bag valve mask and nasopharyngeal airway for breathing emergencies and approved splinting and immobilisation devices for trauma. EMTs are authorised to administer Entonox and Morphine intramuscularly (IM) for pain relief, and Salbutamol aerosol and Adrenaline (IM) for anaphylaxis, either according to Clinical Practice Guidelines or under a medical practitioner's instructions.

EMTs undergo four weeks training in theory and one week of clinical practice and are assessed on their knowledge and skills to become eligible to register as an EMT. As registered practitioners, EMTs agree to undertake Continuing Professional Development (CPD) to maintain and update skills, which at this level requires two days training each year.

5 Paramedic (P)

Paramedics have increased responsibilities, knowledge and skills for assessing patient needs, making informed clinical decisions, planning and administering care and monitoring patient response. Paramedics have a wider scope of practice including skills in laryngeal tube/mask airway insertion to assist with breathing, electrocardiogram (ECG) rhythm recognition and transmission, caring for a pregnant patient and pre-hospital childbirth. In addition paramedics can give Glucagon (IM) for low blood sugar, Diazepam (per rectum) for seizures and Hartmann's Solution for hypovolemic shock.

Paramedics undergo 28 weeks training in theory and clinical practice and a one-year internship, and on successful completion of the course are eligible to become registered Paramedics. Registered practitioners agree to undertake CPD to maintain and update skills, which at this level requires two weeks training each year.

i. PHECC EDUCATION & TRAINING STANDARDS

6 Advanced Paramedic (AP)

Advanced Paramedics have a greater knowledge of basic science, can use more advanced interventions and administer a wider range of drugs.

Advanced Paramedics have to complete a distance learning module, 18 weeks training in theory and clinical practice and a one-year internship. Once qualified, they can join the Register at AP level. A registered practitioner at this level requires CPD of two weeks training each year.

Driving Training Standards

Driving Training Standards have been developed to support transporting practitioners, equipping participants with essential theory and practical skills for safe and considerate transport of patients.



Setting high standards in education and training ensures the best quality of pre-hospital care is available to the public.

Pauline Dempsey, Programme Development Officer

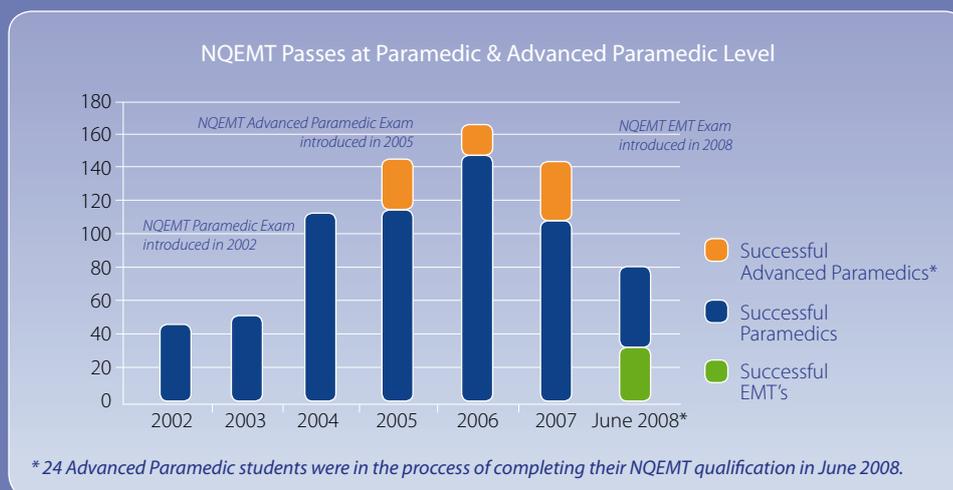
For more information on PHECC Education and Training Standards please contact Pauline at the PHECC office 045 882042 or e mail pauline@phecc.ie or visit www.phecc.ie

ii. ASSESSMENTS AND AWARDS (EXAMINATION AND CERTIFICATION)

PHECC-approved courses for each of the standards are delivered by institutions that undergo a rigorous accreditation process and are monitored and regularly reviewed by PHECC.

Responder Levels 1-3: Responder-level assessments are carried out by training institutions on behalf of PHECC.

Practitioner Levels 4-6: PHECC oversees the entire examination process from setting questions, training and approving examiners, marking exam papers, dealing with appeals and awarding National Qualifications in Emergency Medical Technology (NQEMT). PHECC provides ongoing support and information for students undertaking training and examinations.



PHECC can also award the NQEMT following assessment of qualifications obtained outside and inside the state, which are equivalent to the Paramedic standard. PHECC has developed policy to recognise equivalence at EMT and Advanced Paramedic levels.

The first national examination that led to the NQEMT at Paramedic level took place in October 2002. The nineteenth NQEMT examination took place in May 2008. The assessment process for Advanced Paramedics is conducted jointly by PHECC with the National Ambulance Service College (NASC) and University College Dublin (UCD). Ireland's first Advanced Paramedics graduated in 2005.

For more information on responder and practitioner assessments and awards please contact the PHECC office 045 882042 or visit www.phecc.ie

iii. RECORD OF RESPONDERS AND PHECC REGISTER OF PRACTITIONERS

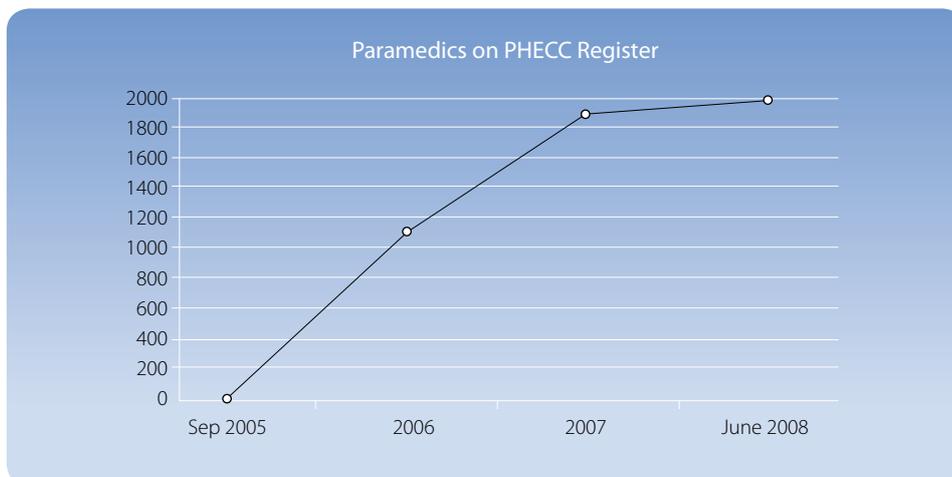
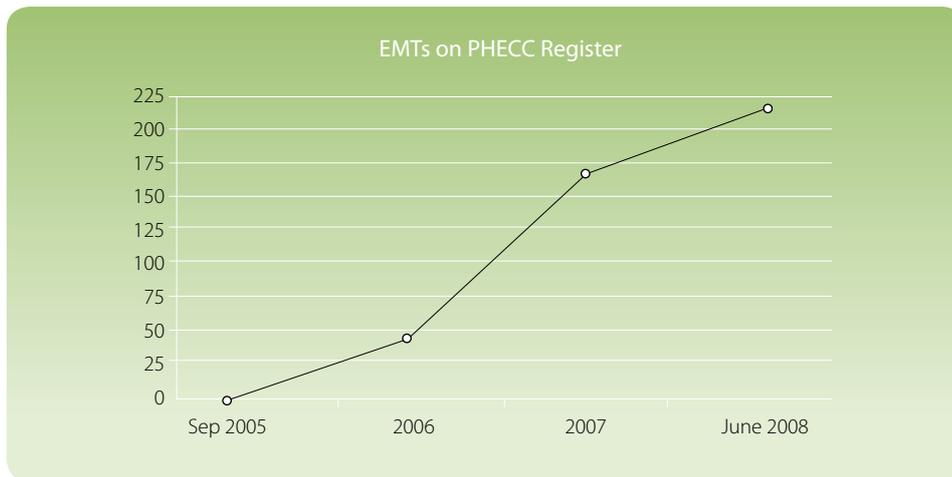
The PHECC Register of pre-hospital emergency care practitioners was established in 2005. Practitioners can join at the level appropriate to their qualification and are then licensed to practise at that level.

The Register consists of three divisions:

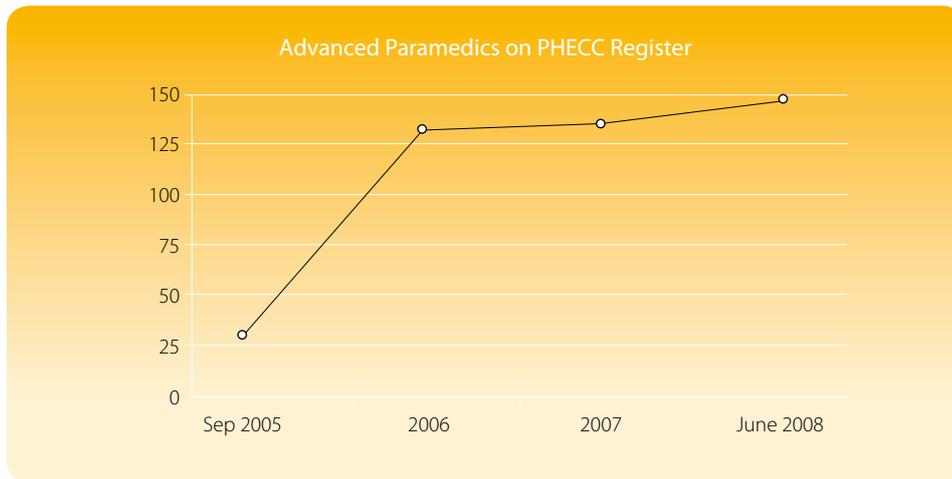
Emergency Medical Technician (EMT)

Paramedic (P)

Advanced Paramedic (AP)



iii. RECORD OF RESPONDERS AND PHECC REGISTER OF PRACTITIONERS



The establishment of the first national Register in 2005 recognised pre-hospital emergency care practitioners as professionals and the number of practitioners at EMT, Paramedic and Advanced Paramedic levels has grown steadily. In joining the Register, practitioners agree to abide by a Code of Professional Conduct and Ethics, and are subject to Fitness to Practise provisions in the interest of protecting the public and the profession. Practitioners also undertake to maintain and develop their competency through Continuing Professional Development (CPD).

For more information on the PHECC Register please contact Barry at the PHECC office 045 882042 or email barry@phecc.ie or visit www.phecc.ie



Promoting and supporting professional pre-hospital emergency care practitioners and responders ensures a high standard of care for all.

Barry O'Sullivan,
Deputy Director and Registrar



iv. CLINICAL PRACTICE GUIDELINES

The Clinical Practice Guidelines (CPGs) published by PHECC are evidence- or consensus-based best practice. Pre-hospital emergency care providers include responders (cardiac first responders, occupational first aiders and emergency first responders) and practitioners (emergency medical technicians, paramedics, advanced paramedics, nurses and doctors) from the statutory, private, auxiliary and voluntary services.

The third-edition CPG manual contains 195 CPGs outlining patient assessments and pre-hospital treatment for a number of conditions for registered practitioners at EMT (56), paramedic (69) and advanced paramedic (70) levels. There are 75 additional CPGs for responders at emergency first response (47), occupational first aid (19) and cardiac first response (9) levels.

Publication of medical practitioner CPGs is pending.

A CPG medication formulary is also published by PHECC as a further reference for responders and practitioners.

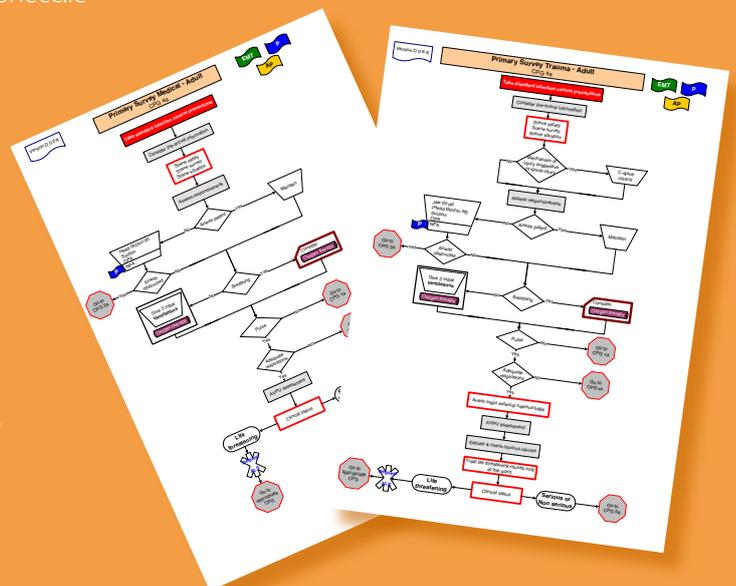
Organisations must be granted approval for their employees or volunteers to implement the use of PHECC CPGs.

For more information on the application procedure and criteria on which organisations are assessed, please contact Brian at the PHECC office 045 882042 or email brian@phecc.ie or visit www.phecc.ie



Clinical Practice Guidelines are evidence-based practice that focus on optimum patient care.

Brian Power, Programme Development Officer



v. INFORMATION MANAGEMENT: CARDIAC FIRST RESPONSE REPORT AND PATIENT CARE REPORT

Maintaining clear, accurate and comprehensive patient care records is crucial for providing a high standard of care to patients.

The Cardiac First Response Report (CFRR) was developed by PHECC for responders to document out-of-hospital cardiac arrests. The CFRR will be implemented over the coming years in partnership with National University of Ireland, Galway (NUIG) as part of the national Out-of-Hospital Cardiac Arrest (OHCA) Register.

The Patient Care Report (PCR), for documenting patient information and pre-hospital emergency care provided by practitioners, was developed by PHECC following wide consultation with EMTs and Paramedics. The PCR is currently in use in six of the eight HSE ambulance areas, as well as Dublin Fire Brigade (DFB) and some of the voluntary, auxiliary and private ambulance services.

An electronic PCR (ePCR) has now been developed which will allow rapid transfer of information to the receiving Emergency Department and enable the hospital to prepare for the patient's arrival. The ePCR system with Computer Aided Dispatch (CAD), LP12 integration and transmission of patient data is currently being deployed in the HSE North East.

The ePCR heralds a new era in patient care. Clinical information collected on the care of patients will be invaluable in monitoring and developing pre-hospital emergency care and services.

The image displays three forms used in pre-hospital emergency care. On the left is the 'PATIENT CARE REPORT' (PCR), which includes sections for Patient Information, Incident Information, and Clinical Information. In the center is the 'CLINICAL INFORMATION' form for Cardiac First Response, featuring a 'CLINICAL IMPRESSION' section with checkboxes for various conditions like Myocardial Infarction, Stroke, and Trauma. On the right is another 'CLINICAL INFORMATION' form for Cardiac First Response, focusing on 'PATIENT'S MEDICAL OBSERVATIONS' and 'MEASUREMENT OF PULSE'.

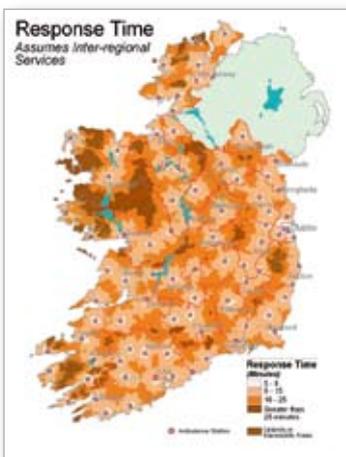


Improving the patient's experience is the goal of the Practitioner through the communication of information.
Jacqueline Egan, Programme Development Officer

For more information on the CFRR or PCR/ePCR please contact Jacqueline at the PHECC office 045 882042 or e mail jacqueline@phecc.ie or visit www.phecc.ie

vi. RESEARCH AND DEVELOPMENT

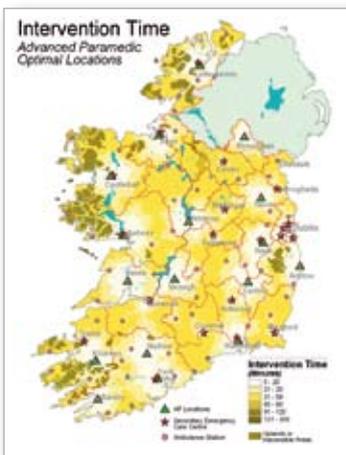
PHECC is actively engaged in a number of collaborative research projects with the aim of developing pre-hospital services and supporting personnel who provide those services. PHECC is continually exploring other initiatives that would lead to improvements in pre-hospital emergency care.



Spatial Analysis Research

PHECC commissioned research that used geospatial techniques and theoretical modelling to analyse national census data and National Roads Authority (NRA) data on Road Traffic Accidents (RTAs) to identify potential priority locations for the deployment of First Responder schemes, ambulance stations and vehicles and Advanced Paramedics.

The methodology has been developed further in a study completed in the North-West in conjunction with the HSE using actual data from Control to analyse demand and guide deployment of Ambulance resources to minimise response times and maximise response effectiveness. Similar studies will occur in the North-East and Midlands in early 2007 with national coverage achieved during 2007 and 2008.



Research Partnerships

PHECC has established a 'Clearing House' for research in pre-hospital emergency care in Ireland. This three-year project commenced in 2007 in partnership with the University of Limerick (UL).

Working with GPs

PHECC sponsors the Medical Emergency Responders Integration and Training (MERIT) Project which was established at UCD's Centre for Immediate Care Studies (CICS) in January 2005. The project is concerned with providing GPs with Automated External Defibrillators (AEDs), trauma kits and training to enable GPs to become involved in pre-hospital emergency care as appropriate to their circumstances. The MERIT Project began in the North-West, Mid-West and East Coast Areas and has now extended into the Western, Southern, South-Eastern and South-Western Areas with joint sponsorship from the HSE. The MERIT Project will have national coverage by late 2008. Its purpose is to enhance collaboration between GPs, GP cooperatives and emergency services.

PARTNERS IN EMERGENCY CARE

Ireland has a great tradition of voluntary care including pre-hospital emergency care. Since its beginnings, PHECC has worked closely with voluntary, auxiliary and community organisations that are involved in delivering emergency care in Ireland.

Voluntary, Auxiliary and Community Organisations

A seminal event in developing relationships with the voluntary, auxiliary and community organisations occurred with the “Sharing the Vision” Conference held in Kilkenny in March 2004. Extensive consultation has occurred since then in developing the new standards, approving organisations for CPG use, and implementing the PCR. With the implementation of the Register and the new standards well underway in the statutory ambulance services, 2008/9 will see comprehensive engagement with voluntary, auxiliary and community organisations in relation to registration of members, recognition of training institutions and approval of courses.



The Department of Health & Children and Health Service Executive

The Minister for Health and Children, Mary Harney, TD launched the Sudden Cardiac Death Task Force Report in March 2006. Over 40 of the report's 75 recommendations on improving response times and techniques in pre-hospital emergency care relate directly or indirectly to the work of PHECC. PHECC is working with the Department of Health and Children (DoHC), the HSE and other partners in emergency care to implement those recommendations.

Conferences

PHECC sponsors the annual conference of The Association of Ambulance Personnel (AAP), and the conferences of the Irish Society of Immediate Care (ISIC) and resuscitation providers (RESUS), which are held every two years. These sponsorships assist PHECC in engaging with organisations and individuals who have an interest or expertise in pre-hospital emergency care.

SCENARIOS



Saving life before it begins

It was the beginning of an early shift when Advanced Paramedic Sean Creamer and his partner were called to attend a pregnant woman living in the foothills of the Wicklow Mountains. The woman had woken that morning to find her umbilical cord exposed. She had calmly consulted a DIY emergency birth book and suggested to her husband to call an ambulance.

The woman was thirty-seven weeks pregnant with her second child. A prolapsed umbilical cord is a serious complication of pregnancy and potentially fatal for the baby.

Fifteen minutes later Advanced Paramedic Sean Creamer and his partner arrived in a Rapid Response Vehicle to find an anxious husband and a woman with around 10 inches of umbilical cord exposed. The cord was still warm, moist and pulsating, and while Sean's partner prepared a warm saline dressing, Sean gave the woman oxygen.

By this time the Paramedic crew had arrived by ambulance. Sean and the crew lifted the woman and secured her in a safe position on a stretcher.

On arrival at the hospital the patient was taken immediately to the operating theatre. A few minutes later, to their relief and delight, Sean, his partner and the Paramedic crew were told that a healthy baby boy had been born by caesarean section and mother and son were doing well.



The Ultimate Hotel Service

Within six months of buying an Automated External Defibrillator (AED) and training staff in its use, the Radisson SAS Hotel & Spa in Sligo had saved two lives.

Both guests had been attending functions at the hotel when they suffered cardiac arrest.

SCENARIOS

Eoin Little, manager of the hotel at the time, said, “Two people are with us today because of the AED being available and used with confidence by our staff within minutes of the guests having heart attacks.” If a shock is administered within 3-5 minutes of cardiac arrest, the chances of survival are significantly improved.

Following the dramatic events in the hotel, the Radisson Hotel urged all companies to consider buying defibrillators for their premises.



Flight delayed

The combination of stress and excitement nearly ended a holiday for one family before it had begun.

Checking in for their flight at Dublin airport one morning, a 79-year-old grandmother, who was traveling abroad with her daughter and family, collapsed in the queue.

The airport police, who are always on duty close-by, were alerted and in less than two minutes arrived at the scene with an Automated External Defibrillator (AED). Assisted by a doctor, who happened to be checking in, they assessed the woman and gave her one shock.

The airport police then began CPR and within five minutes an airport First Response Vehicle arrived with EMT Dermott McGuire who administered oxygen and continued resuscitating the woman until her vital signs returned and she became conscious.

When the Dublin Fire Brigade ambulance arrived a few moments later, the woman was awake and alert and taken to hospital for further care.

THE FUTURE OF PRE-HOSPITAL EMERGENCY CARE IN IRELAND

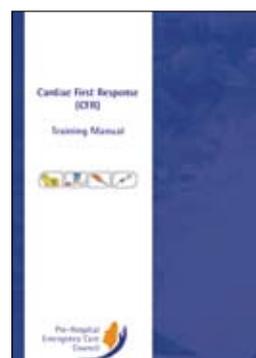
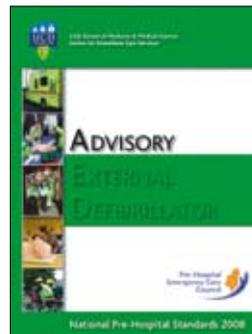
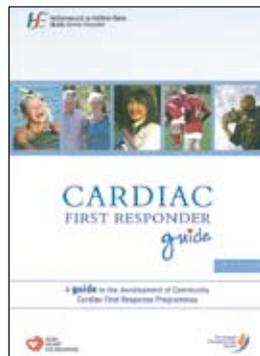
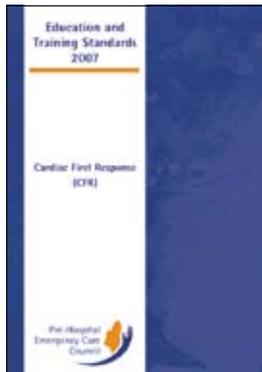
PHECC is developing and implementing an integrated and comprehensive framework of education and training, assessment, registration, clinical practice, information collection and research.

PHECC's vision for pre-hospital emergency care in Ireland includes:

- All ambulance personnel, including Emergency Medical Controllers (EMCs) trained to a PHECC standard.
- Well-placed responders providing early intervention.
- Well-placed, well-equipped and appropriately-staffed ambulances deployed by Control.
- Information relayed through ePCR/Control to hospitals awaiting the patient's arrival.
- Practitioners treating and transporting people to hospital, treating and referring to other primary care services, or treating and discharging home.
- Responders and practitioners contributing to — and benefiting from — the collection of high quality relevant information.
- Clinical and services audit and research guiding continuing improvement in response times and techniques of pre-hospital emergency care.



CARDIAC FIRST RESPONSE (CFR) - SUITE



Request Emergency Dispatch (RED) Card

This card has been developed to help you, the responder, to prepare prior to calling an ambulance to an emergency incident. This preparation will facilitate an appropriate and timely response of an emergency ambulance.

Please follow the steps over when calling Ambulance Control (112 or 999)

RED Card

Information and sequence required by Ambulance Control when requesting an emergency ambulance response:

- 1 Phone number you are calling from
- 2 Location of incident
- 3 Chief complaint
- 4 Number of patients
- 5 Age (approximate)
- 6 Gender
- 7 Conscious? yes / no
- 8 Breathing normally? yes / no

If over 35 years - Chest Pain? yes / no
If trauma - Severe bleeding? yes / no



The Mission of the Pre-Hospital Emergency

The Pre-Hospital Emergency Care Council protects the public by specifying, reviewing, maintaining and monitoring standards of

Responder



Vision

That people in Ireland receive the best possible pre-hospital emergency care

Practitioner



Recognised Training Institution (TI) and approved course(s)

Cardiac First Response (CFR) - Level 1

Emergency First Response (EFR) - Level 3

Certification in CFR and EFR following MCQ & skills assessment by, or on behalf of, PHECC

Record of certified holders maintained by recognised TI

- CFR

- Occupational First Aid (OFA) Certificate; a Health & Safety Authority (HSA) Standard

- EFR

PHECC Education & Training Standards (2007)

Examination & Certification

Record of Responders & Registration of Practitioners

ACCREDITATION COMMITTEE

Recognised Training Institution (TI) and approved course(s)

Emergency Medical Technician (EMT) - Level 4

Paramedic - Level 5

Advanced Paramedic (AP) - Level 6

Medical Practitioner - Level 7

National Qualification in Emergency Medical Technology (NQEMT)

NQEMT - EMT

NQEMT - Paramedic

NQEMT - AP

NQEMT - Medical Practitioner

All registrants subject to code of professional conduct & ethics & fitness to practice requirements

PHECC Register divisions:

- EMT

- Paramedic

- AP

- Medical Practitioner

Assessment of equivalence of qualifications in pre-hospital emergency care



COUNCIL MEMBERS



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Mr Tom Mooney
Healthcare Management Consultant



Mr Michael Brennan
Public Representative



Dr Zelie Gaffney
Medical Practitioner



Ms Mary McClelland
Occupational Health Advisor



Mr Frank O'Malley
Paramedic, HSE



Mr Michael Dineen
*Chairperson Association of
Ambulance Personnel*



Mr Michael Garry
Dublin Fire Brigade EMS



Mr Frank McClintock
*Assistant National Director
Ambulance Service, HSE*



Ms Valerie Small
Registered Nurse



Mr Conor Egleston
Consultant in Emergency Medicine



Ms Karen Healy
HSE, Emergency Planning



Mr Barry O'Brien
Assistant National HR Director, HSE



Mr Tom Tinnelly
Paramedic, HSE



Ms Patricia Fitzpatrick
DFB-RCSI



Mr Macartan Hughes
Director NASC



Mr Cathal O'Donnell
Consultant in Emergency Medicine



Mr Gerry Tuohy
Paramedic, HSE

