

Medical Advisory Committee Meeting

28th January 2016

Osprey Hotel, Naas

In attendance

Mick Molloy
Niamh Collins
Gerald Kerr
Seamus McAllister
Neil Reddy
David Hennelly
Macartan Hughes
Shane Knox
Shane Mooney
David O'Connor
Ken O'Dwyer
Martin O'Reilly
Derek Rooney
David Menzies

Apologies

Joe Mooney
Declan Lonergan
Sean Walsh
Jack Collins

Present

Brian Power
Peter Dennehy
Mark Doyle
Margaret Bracken
Ray Carney

1. Chair's Business

The Chair welcomed the members and apologies were noted. Peter Dennehy addressed the meeting and explained PHECC's perspective in relation to S.I. 449 of 2015, Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2015. Dr Mark Doyle, the Medical Advisor to the Director, outlined his opinion on the role and responsibilities of PHECC under the SI. This was then followed by a discussion with the members present.

2. Draft Meeting Report – 25th & 26th November 2015

Resolution: That the minutes of the Medical Advisory Committee 25th & 26th November 2015 be approved.

Proposed: Ken O'Dwyer
Carried without dissent

Seconded: Derek Rooney

3. Prescription only Medications for non-medical persons

Brian Power tabled two documents received from Prof Hourihane, UCC in relation to anaphylaxis.

Brian outlined that both he and Pauline Dempsey met with Prof Hourihane and the anaphylaxis committee in UCC. Prof Hourihane submitted feedback on the CPG and standards but was too late for inclusion in the meeting papers.

- 1) Anaphylaxis First Responder Programme UCC, Standard Operating Procedure Version 1.0 Jan 2011
- 2) Email from Jonathan Hourihane, UCC with feedback re: Anaphylaxis/SI 449 implementation.

The content of Prof Hourihane's documents were debated during discussions on the anaphylaxis CPGs.

3.1 CPGs for review

The following changes were agreed for all of the CPGs for SI 449 of 2015 implementation:

- Title - replace 'Cardiac First Response' with 'Listed Organisations'
- Remove Equipment List
- Remove pictures
- Delete clinical level flags

1.4.15 Listed Organisations and Epinephrine (auto injector adult)

- Red box top right
 - delete 'Circulation (blood) pressure drop'
 - add 'swollen eyes'
 - delete 'diminished consciousness'
- After 'Allergic reaction diagnosed or prescribed Epinephrine auto-injector previously'
 - add arrow for No
 - add diamond; 'Signs of anaphylaxis present'
 - Add red box to right of CPG:

Signs of Anaphylaxis Rapid onset Exposed to trigger ABC compromised
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Resolution: That CPG 1.4.15 Listed Organisations and Epinephrine (auto injector adult) be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Knox
Carried without dissent

Seconded: David Menzies

1.7.31 Listed Organisations and Epinephrine (auto injector paediatric)

Changes as per CPG 1.4.15 Listed Organisations and Epinephrine (auto injector adult)

Resolution: That CPG 1.7.31 Listed Organisations and Epinephrine (auto injector paediatric) be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: David O'Connor

1.3.6 Listed Organisations and Naloxone

- Entry box to CPG – insert 'and unresponsive' after 'Suspected opioid overdose'
- Scene safety box – instead of 'with' insert 'of' to read: 'Be careful of sharps'
- Delete the diamond with 'Unresponsive'
- Delete 'Perform 30 chest compressions followed by 2 rescue breaths.....'

Resolution: That CPG 1.3.6 Listed Organisations and Naloxone be recommended to Council for approval subject to the changes agreed.

Proposed: Niamh Collins
Carried without dissent

Seconded: Mick Molloy

1.3.4 Listed Organisations and Salbutamol

- Red box to right of CPG – 'During an asthma attack;'
 - Last bullet point insert the word 'may' to read: 'they may have had attacks before'

Resolution: That CPG 1.3.4 Listed Organisations and Salbutamol be recommended to Council for approval subject to the changes agreed.

Proposed: Ken O'Dwyer
Carried without dissent

Seconded: Niamh Collins

1.4.19 Listed Organisations and Glucagon (adult)

- After 'Blood glucose < 4 mmol/L' insert 'Or suspected low blood sugar'
- Delete 'Glucose gel, 10-20g buccal' on right of CPG

Resolution: That CPG 1.4.19 Listed Organisations and Glucagon (adult) be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Knox
Carried without dissent

Seconded: Gerald Kerr

1.7.32 Listed Organisations and Glucagon (paediatric)

Changes as per CPG 1.4.19 Listed Organisations and Glucagon (adult) CPG

Resolution: That CPG 1.7.32 Listed Organisations and Glucagon (paediatric) be recommended to Council for approval subject to the changes agreed.

Proposed: Derek Rooney
Carried without dissent

Seconded: Ken O'Dwyer

1.4.10 Listed Organisations and Glyceryl Trinitrate

- Top left of CPG: replace 'cardiac' with 'angina' to read: 'Patient with chest pain and known angina history'
- Insert box 'Place patient in a sitting position'

Resolution: That CPG 1.4.10 Listed Organisations and Glyceryl Trinitrate be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: Ken O'Dwyer

3.2.6 Listed Organisations and Nitrous Oxide & Oxygen

No further changes

Resolution: That CPG 3.2.6 Listed Organisations and Nitrous Oxide & Oxygen be recommended to Council for approval subject to the changes agreed.

Proposed: David Hennelly
Carried without dissent

Seconded: Macartan Hughes

4. National Pre-alert Guidelines

Feedback and comments were received from the members to 'The National Pre-alert Guidelines version 0.4' and changes made accordingly.

Mechanism of Injury:

- Bullet point 1
 - replace 'MVC' with 'RTC'
 - after 'roll over', insert 'relevant passenger compartment intrusion > 30 cm'
- Bullet point 2
 - delete 'transfer time from scene'; insert '> 20 minutes'
- Bullet point 3
 - Change 'MBC' to 'motorbike cyclist'
 - after 'patient thrown' insert '/run over with significant impact'

Clinical Assessment:

- B – delete ‘after’ before ‘treatment’ and insert ‘not responding to’
- C – change ‘150’ to ‘120’
- D – insert ‘V, P or U on AVPU’ before ‘(trauma)’
- Delete E

Specific Clinical Conditions

- Insert new bullet point 1; ‘Cardiac Arrest and/or Post ROSC’
- Bullet point 4
 - delete ‘Flail chest’ and insert ‘Chest injury with altered physiology’
 - delete ‘penetrating injury to head or torso’
 - after ‘inhalation burn injury’ add ‘crushed degloved extremity, amputations’
- Add two new bullet points
 - ‘Severe hypothermia’
 - ‘Severe hyperthermia’
- Last bullet point – move ‘pregnant patient’ after ‘imminent delivery’ to read; ‘Imminent delivery - pregnant patient’

Situational:

- Change ‘(> 1)’ to ‘(> 3)’
- Delete ‘Disaster (as per PHECC definition and escalation policy)’ and insert ‘Isolation precaution required’

Resolution: That the National Pre-alert Guidelines, subject to the changes agreed, be commended to the Emergency Medicine Programme and subject to ratification be recommended to Council for approval.

Proposed: Niamh Collins
Carried without dissent

Seconded: Mick Molloy

5. ILCOR CPGs

5.1 ILCOR updates

4/5/6.4.1 Basic Life Support – Adult

- Box top left – delete ‘on site to assist with cardiac arrest management’ to read; ‘Initiate mobilisation of 3 to 4 practitioners / responders’
- Box – CPR direction, replace content with
 - 1 practitioner on site = continuous chest compressions
 - 2 or more practitioners / responders on site = CPR
- delete box - ‘Continue CCC/CPR while defibrillator is charging if AED permits’
- bottom left – ‘Ventilations’; delete ‘Rate: 2 ventilations in 10 sec’

Resolution: That CPG 4/5/6.4.1 Basic Life Support - Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: Mick Molloy

1/3.4.1 Basic Life Support – Adult

- Box top left – delete ‘on site to assist with cardiac arrest management’ to read; ‘Initiate mobilisation of 3 to 4 practitioners / responders’
- Replace ‘Request AED’ with the ILCOR AED sign

Resolution: That CPG 1/3.4.1 Basic Life Support - Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: Ken O’Dwyer

1/2.4.1 Basic Life Support – Adult

- Delete pictures
- Replace ‘Request AED’ with the ILCOR AED sign

Resolution: That CPG 1/2.4.1 Basic Life Support - Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: Shane Knox

5/6.3.1 Advanced Airway Management – Adult

- Delete box; ‘maintain adequate ventilation and oxygenation throughout procedures’
- Delete box; ‘Minimum interruptions of chest compressions. Maximum hands off time 10 seconds’
- Box bottom left; insert ‘if required’ after ‘100 to 120 per minute’ to read;
ii) Unsynchronised chest compressions continuous at 100 to 120 per minute (if required)

Resolution: That CPG 5/6.3.1 Advanced Airway Management - Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Ken O’Dwyer
Carried without dissent

Seconded: Shane Mooney

4/5/6.4.3 VF or pVT – Adult

- Box top right; Amiodarone doses – move down after ‘Consider mechanical CPR assist’
- Epinephrine; change from ‘4 minutes’ to ‘3-5 minutes’
- Delete box; ‘Initial Epinephrine after 2nd shock’
- Delete box; ‘CPR principal: compression fraction of > 80%’
- Delete the following boxes;
 - For crew safety and optimum CPR mechanical CPR is required during transport
 - Clinical leader to monitor quality of CPR
 - If persistent refractory VF contact STEMI protocol
 - Capnography mandatory with ETT insertion
- Delete ‘Drive smoothly’ icon
- Delete black box around box ‘Consider transport to ED.....’ and change 30 minutes to ‘20 minutes’
- It was agreed that care principles would be drafted for cardiac arrest management thus enabling removal of many information boxes from the resuscitation CPGs.

6. **CPG updates** To be reviewed at the next MAC meeting

7. **Emergency Obstetrics CPGs** To be reviewed at the next MAC meeting

8. **NCEC National Clinical Guidelines**

8.1 Letter from Minister for Health re National Clinical Guidelines

For information purposes.

8.2 NCG No 14 Acute Asthma attack in Adults

For information purposes.

8.3 Update Asthma CPG

4/5/6.3.4 Asthma – Adult

The following changes were agreed to the CPG

- Consider CO₂ monitoring
- Removal of timeframe for Salbutamol repeats
- Salbutamol aerosol up to 12 puffs

There was no agreement to introduce Nebulised Magnesium Sulphate

It was agreed that the paediatric CPGs for asthma would be similarly updated.

Resolution: That CPG 4/5/6.3.4 Asthma - Adult and CPG 4/5/6.7.12 Asthma – Paediatric be recommended to Council for approval subject to the changes agreed.

Proposed: Ken O’Dwyer

Seconded: Shane Knox

Carried without dissent

9. Medication schedules

9.1 Seventh Schedule (medications) update

The seventh schedule is the legal basis for PHECC registered practitioners to administer the listed medications. A draft update of the seventh schedule was included in the papers for information. There was a general discussion between the members and suggestions were given:

- If members identify medications which may be useful for future care and are not currently on the seventh schedule the medications will be put on the draft schedule which will be submitted to the DoH for updating; if not on the schedule these medications cannot get onto a CPG.

9.2 Tenth Schedule - oxygen inclusion

A copy of a letter from the National First Response Network to the Minister for Health re inclusion of oxygen onto the tenth schedule was included in the meeting papers. The DoH have requested advice on the issue. No definitive answer on whether oxygen is a prescription only medication could be obtained prior to the meeting.

Following discussion it was agreed that PHECC would write back to the DoH and advise that oxygen should be put on the tenth schedule.

A discussion also took place on Methoxyflurane and the benefit it would add for rescue organisations. It was agreed that the DoH should be requested to include it on the tenth schedule also.

Resolution: That MAC supports the inclusion of oxygen and Methoxyflurane onto the tenth schedule and recommend this to the DoH.

Proposed: David Hennelly
Carried without dissent

Seconded: Derek Rooney

10. **Standard of Operations** To be reviewed at the next MAC meeting

11. **Practitioner queries re CPGs and medications** To be reviewed at the next MAC meeting

12. **AOB**

Concerns were raised by some of the members about the volume of work, and it was contended that the current mechanism for conducting MAC business is not sustainable on a voluntary basis. Time is a factor as the members are very busy. It was noted that the meeting papers are very large and should

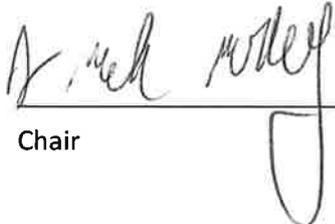
not be presented as one big document. Brian Power explained that a lot of the documents included in the papers are for reference only and the draft CPGs have the current CPG attached for comparison following previous instruction from MAC. These factors contribute to the size of the meeting papers.

It was agreed that material for information purposes be separated from the meeting papers as a separate document.

Brian Power reminded the members that the Council's term of office will finish in June 2016. MAC will therefore have to complete all current business prior to that date. The importance of completing the 2016 edition CPGs prior to June was emphasised. It was agreed that a two day MAC would be organised for the next meeting.

To improve MAC effectiveness for the next Council it was agreed that the June meeting would debate the terms of reference for MAC and make recommendations to the incoming Council.

Next meeting 24th and 24th February 2016.

Signed: 
Chair

Date: 