*The Meeting Minutes of the Medical Advisory Committee, January 30th 2014.*

*Osprey Hotel, Naas.*

| **Present:** | **Apologies** | **In Attendance** |
|---|---|---|
| Mick Molloy | Gerry Kerr | Brian Power |
| Jack Collins | Sean Walsh | Deirdre Borland |
| David O'Connor | Mick Dineen | |
| Seamus McAllister | David McManus | |
| Conor Deasy | Stephen Cusack | |
| Shane Mooney | Declan Lonergan | |
| David Irwin | Valerie Small | |
| Ken O'Dwyer | Shane Knox | |
| Rory Prevett | Cathal O'Donnell | |
| David Hennelly | | |
| David Menzies | | |
| Gerry Bury | | |
| Niamh Collins | | |
| Macartan Hughes | | |
| Joseph Mooney | | |
| Peter O'Connor | | |

**1. Chair's business**

The Chair welcomed the assembled members to the meeting, in particular he welcomed a new member to the committee, Dr Conor Deasy; recently appointed Deputy Medical Director of the National Ambulance Service. He reminded the Committee of the importance of the Delphi process and asked for their continued cooperation regarding submitting their feedback in a timely manner.

**2. Draft Meeting Report – Thursday 28th November 2013**

The Chair informed the Committee that the Minister is intending to proceed with legislation in relation to the availability of epinephrine as a non P.O.M for use in the treatment of anaphylaxis and there may be an opportunity to update the 7th Schedule of Medicinal Products.

Arising from the minutes; Brian Power informed the Committee that Sean Walsh had requested that the CPG Shock from blood loss – Paediatric, to be held until the update of the APLS programme. Brian also said that he is awaiting a response from Dr Corina McMahon in relation to the issue of g6pd and sickle cell disease. Deirdre Borland has contacted Siobhan Masterson in relation to discussion around CPR success rates after traumatic injuries and will revert back to the Committee when she hears back.

**Resolution:** That the Medical Advisory Committee approves the minutes of their meeting held on Thursday November 28th 2013.

**Proposer:** Joe Mooney **Seconded:** David Irwin

Carried without dissent.

## 3. CPGs

### 3.1 Emergency Care (EC) standard

Brian Power gave an account of the history of the HAS OFA standard. He informed the Committee that the Emergency Care Standard will be the PHECC Standard at basic first aid and that the Occupational First Aid course will be of an equivalent level. He asked for the Committee to give their approval to rebrand all OFA CPGs to EC. Niamh Collins indicated that the term Emergency Carer may cause confusion; Brian Power stated that he would pass on her concerns to the Education and Standards Committee.

**Resolution:** The Medical Advisory Committee recommends to Council the approval of the rebranding of the OFA level CPGs to Emergency Care or an appropriate title as determined by the Education & Standards Committee.

**Proposer:** Peter O'Connor **Seconded:** Niamh Collins
Carried without dissent

### 3.2 CPGs updated due to other MAC decisions

#### 3.2.1 Hypothermia

An updated version of this CPG which removed the Paramedic level was included in the meeting papers. This CPG is now at EMT level only.

**Resolution:** The Medical Advisory Committee recommend to Council approval of CPG 4.4.24 Hypothermia, as presented.

**Proposer:** Ken O'Dwyer **Seconded:** David O'Connor
Carried without dissent

#### 3.2.2 Symptomatic Bradycardia – Adult

An updated version of this CPG which amended the dosage of Atropine to 0.6 mg was included in the meeting papers.

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG 4/5/6.4.17 Symptomatic Bradycardia – Adult, as presented.

**Proposer:** Peter O'Connor **Seconded:** Niamh Collins
Carried without dissent

**3.2.3 Seizure/Convulsion – Paediatric (≤ 15 years) EMT**
An updated version of this CPG; which included a route to go to the new Paediatric Pyrexia CPG, was included in the meeting papers.

**Resolution:** The Medical Advisory Committee recommend to Council approval of CPG 4.7.10 Seizure/Convulsion – Paediatric (≤ 15 years), as presented.

**Proposer:** Dave Irwin **Seconded:** Shane Mooney
Carried without dissent

**3.2.4 Seizure/Convulsion – Paediatric (≤ 15 years) P/AP**
An updated version of this CPG; which included a route to go to the new Paediatric Pyrexia CPG, was included in the meeting papers.

**Resolution:** The Medical Advisory Committee recommend to Council approval of CPG 5/6.7.10 Seizure/Convulsion – Paediatric (≤ 15 years), as presented.

**Proposer:** Rory Previtt **Seconded:** Ken O'Dwyer
Carried without dissent

**3.2.5 Allergic Reaction/Anaphylaxis – Paediatric (≤ 15 years) EMT**
An updated version of this CPG; which included the administration of Nebulised Salbutamol, was included in the meeting papers.

**Resolution:** The Medical Advisory Committee recommend to Council approval of CPG 4.7.8 Allergic Reaction/Anaphylaxis – Paediatric (≤ 15 years) as presented.

**Proposer:** Joe Mooney **Seconded:** David O'Connor
Carried without dissent

**3.2.6 Poisons – Adult AP**
An updated version of this CPG; whereby Naloxone was added to this CPG due to changes in the inadequate respirations CPG. Niamh Collins requested that Sodium Bicarbonate be administered to a max of 50 mL. This was agreed.

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG 6.4.23 Poisons – Adult, subject to the agreed changes.

**Proposer:** Niamh Collins **Seconded:** Peter O'Connor
Carried without dissent

**3.2.7 Inadequate Respirations**

Brian Power informed the assembled members that amended inadequate respirations CPGs will be discuses later in the agenda; however a resolution was required on the current CPGs in case the latter versions are not approved in advance of the cut-off date for 2014 publication of CPGs.

This issue was resolved with the agreement on the new respiration emergency CPGs later in the agenda and the resolution was withdrawn.

**3.3 CPGs updated due to BTEC introduction**

Brian Power introduced the CPGs catering for the inclusion of various skills to be taught on the Basic Tactical Emergency Care (BTEC) module. These skills would be used in specified conditions by EMTs and responders that were privileged by the licenced CPG organisation. Niamh Collins asked if it would be more appropriate to have stand-alone CPGs at responder level for BTEC rather that grouping them with other responder CPGs to avoid any confusion. Shane Mooney questioned not allowing the BTEC skills to be implemented in non-defined circumstances when they would be of benefit to the patient. Niamh Collins said that it is more appropriate to implement restrictions and licenced the CPG organisation can take responsibility for the actions of their members. A discussion ensured regarding the ethics of teaching someone a skill and only authorising their use in very limited situations. Macartan Hughes indicated that he was uncomfortable in passing CPGs without seeing the course structure. Brian Power indicated that a draft course standard was circulated for consultation, and the latest version was being presented to the Education and Standards Committee at its next meeting. It was agreed to have stand-alone CPG suite for BTEC at responder level and approve the CPGs as included in the meeting papers.

**Resolution:** The Medical Advisory Committee recommends to Council approval of following CPGs, as presented:

- 4/5/6.2.1 Primary Survey Medical – Adult EMT/P/AP Inc. BTEC
- 4/5/6.2.2 Primary Survey Trauma – Adult EMT/P/AP Inc. BTEC
- 3.6.5T Primary Survey – Adult (to be segregated as EFR/BTEC)
- 3.6.5T Limb Injury (to be segregated as EFR/BTEC)
- 4/5/6.6.1 External Haemorrhage – Adult EMT/P/AP/ Inc. BTEC
- 3.6.1T External Haemorrhage (to be segregated as EFR/BTEC)
- 4/5/6.7.11 External Haemorrhage – Paediatric (≤ 15 years) Adult EMT/P/AP Inc. BTEC

**Proposer:** Niamh Collins **Seconded:** Rory Prevett
Carried without dissent

**3.4 Acute Coronary Syndrome**

Brian Power informed the Committee that the Acute Coronary Programme has asked that the dose of Clopidogrel be reduced to 300 mg when a patient is for thrombolysis. Brian had received an email from Cathal O'Donnell who indicated that there may be a case for Practitioners carrying Clopidogrel in targeted remote areas. The cost benefit of carrying Clopidogrel was not sustainable with the introduction of Ticagrelor. It was agreed not to include Clopidogrel as an AP medication on the CPG. It was agreed this could be implemented on a regional basis and was a matter for the National Ambulance Service.

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG 5/6.4.16 Acute Coronary Syndrome, as presented.

**Proposer:** David Menzies **Seconded:** David Irwin
Carried without dissent

**3.5 Limb Injury – *neck of femur***

Macartan Hughes informed the committee that recent evidence has shown that there is inadequate pain relief given to patients experience neck of femur fractures. He also asked that the volume of fluids indicated on the CPG be amended with the removal of aliquots. Dave Irwin asked if AMPDS code for elderly patients receive a higher response. This will be referred to the Priority Dispatch Committee.

Niamh Collins strongly questioned the inclusion of ice for soft tissue injuries where, she questioned the evidence to support its use. A robust debate took place regarding the benefit or otherwise of ice. It was agreed that further research into the evidence for and against would be merited. Niamh Collins offered to undertake a review of the relevant studies. In view of the limits for the 2014 edition it was agreed to retain ice for soft tissue injury as there is no evidence that it causes harm.
David Menzies asked that request ALS be amended to consider ALS. Due to the importance of receiving fluids Brian Power asked that request ALS be maintained. Following a debate a consensus was reached to retain "request ALS".

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG 4/5/6.6.5 Limb Injury – Adult, subject to the agreed changes.

**Proposer:** Macartan Hughes **Seconded:** Conor Deasy
Carried without dissent

**3.6 Decompression Illness; *Diving $O_2$ administration course***

A course has been developed to enable commercial divers to administer oxygen following a diving emergency. The CPG has been amended to give special authorisation to divers to administer oxygen.

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG 3.4.26 Decompression Illness (DCI), as presented.

**Proposer:** David Hennelly **Seconded:** Peter O'Connor
Carried without dissent

**3.7 Sepsis – Adult; *deliberations from Sepsis Sub Group***

Brian Power introduced the findings of the Sepsis sub group. David Menzies gave an account of the rational of the CPG. David O'Connor indicated that IV Paracetamol would be of benefit. In regard to the taking of blood cultures by Practitioners, Macartan Hughes said there may be difficulties in getting a lab to accept the culture. Gerry Bury cautioned against delaying the transport of seriously

ill patients in order to conduct blood cultures. The Chair asked if the tools were available to assess lactate in the field – Macartan indicated that this equipment would not currently be standard issue. David Menzies asked that it be amended today to insure inclusion in the 2014 edition of the CPGs.

The following changes were agreed:

- Change meningitis to meningitis/ meningococcal disease
- Remove reference to blood cultures
- Remove lactate measurement
- Change antibiotic to Benzylpenicillin
- Commence 100% $O_2$ therapy - caution with patients with COPD
- If signs of poor perfusion administer 500 mL Sodium Chloride 0.9% + aliquots of 250 mL to maintain systolic BP >100 mm Hg
- The CPG will be referred to the National Sepsis Group

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG 4/5/6.4.21 Sepsis – Adult, subject to the agreed changes.

**Proposer:** David Menzies **Seconded:** Peter O'Connor
Carried without dissent

**3.8 Inadequate ventilation – Adult**

Niamh Collins gave an introduction to the development of the suite of CPGs. David Irwin asked the practitioners at the table if this CPG was too prescriptive rather than a support document for Practitioners to reference. It was suggested that supporting background materials may be required. A lengthy discussion ensured. It was agreed that anaphylaxis be changed to allergy/anaphylaxis.

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG 4/5/6.3.2 Inadequate Ventilations – Adult, subject to the agreed changes.

**Proposer:** Joe Mooney **Seconded:** Peter O'Connor
Carried without dissent

**3.9 Abnormal Work of Breathing – Adult**

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG 4/5/6.3.2 Abnormal Work of Breathing – Adult, as presented.

**Proposer:** David O'Connor **Seconded:** Niamh Collins
Carried without dissent

**3.10 Inadequate ventilation – Paediatric**

It was agreed that anaphylaxis be changed to allergy/anaphylaxis.

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG 4/5/6.7.5 Inadequate Ventilations – Paediatric (≤ 15 years), subject to agreed changes.

**Proposer:** David O'Connor **Seconded:** Joe Mooney
Carried without dissent

**3.11 Abnormal Work of Breathing – Paediatric**

It was agreed to add the age onto the CPG title.

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG 2/3.7.5 Abnormal Work of Breathing – Paediatric (≤ 15 years), subject to the agreed changes.

**Proposer:** Niamh Collins **Seconded:** Gerry Bury
Carried without dissent

Brian Power indicated that as resolutions were passed for all of these CPGs they will surpass the respiratory CPGs approved earlier in the meeting. The work of the subgroup was acknowledged and Gerry Bury thanked Brian Power for his contribution in compiling these CPGs.

**3.12 Pain Management**

Brian Power requested the Committee consider Fentanyl for Paramedic scope of practice.
David Hennelly asked the MAC to consider examining the suitability of fentanyl lollipops. Niamh Collins expressed a concern regarding the calculation of dosage a concentrated drug like fentanyl when administered in this fashion. It was agreed not to progress Fentanyl for Paramedic scope of practice.

It was suggested to remove the 1st paragraph in the information box on the pain ladder of adult pain management CPG as it may suggest to practitioners that they must start at the bottom of the pain treatment ladder rather than using their judgement as to the appropriate analgesia to commence treatment with.
It was agreed to amend both adult and paediatric pain Management to reflect this.

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPGs; subject to changes agreed:

- 4/5/6.7.14 Pain Management – Paediatric (≤ 15 years)
- 4/5/6.2.6 Pain Management – Adult

**Proposer:** David Menzies **Seconded:** Conor Deasy
Carried without dissent

**3.13 Tachycardia – Adult**

Discussions ensued regarding this CPG and it was decided to complete a final CPG at the meeting. The Committee spent some time on working on changes to this CPG.
The CPG was laid out on a flip chart by Niamh Collins. The format was then agreed by the Committee. Brian Power to liaise with Niamh Collins on the final draft for Council.

**Resolution:** The Medical Advisory Committee recommends to Council approval of the CPG Tachycardia – Adult, subject to the agreed changes

**Proposer:** Shane Mooney **Seconded:** Niamh Collins
Carried without dissent

**4. Delphi 1 – 2014**

The result of an updated Delphi report was tabled at the meeting for discussion.

**4.1 Fainting**

Brain Power gave details of the rationale of developing the CPG for fainting, which was that the potentially serious underlying causes of faints were often overlooked and follow up medical assessment was rarely indicated in first aid courses. David Menzies questioned if the education standards was the best place for explaining the causes of fainting. The committee agreed the CPG was necessary and discussed various inclusions for the CPG, The following were suggested amendments;

- Add "Primary Survey" under check for obvious injuries
- Delete reference to "lower limb fracture"
- Replace "Encourage patient to stay…" with "Encourage patient to gradually return to sitting position"
- Change "Check for medical emergency" to "Check for underlying medical condition"

**Resolution:** The Medical Advisory Committee recommends to Council approval of CPG Fainting, subject to the agreed changes.

**Proposer:** Peter O'Connor **Seconded:** Niamh Collins
Carried without dissent

**4.2 Palliative Care**

Brian Power gave the committee a background to the development of the CPG whereby there is at times a gap in out of hours Doctor and Home Hospice team availability leading to many palliative patients being subject to undue pain and distress. This also leads to stress for their families as the person's pain cannot be adequately controlled.

Niamh Collins suggested that Control Centres be alerted of palliative care patients within their region. Joseph Mooney flagged that there is an issue in variances of operating hours of palliative home care teams throughout the country. Brian Power also advised the Committee that both Dr Karen Ryan, Chair of the National Clinical Programme for Palliative Care, and Dr Regina McQuillian, Consultant in Palliative Medicine, have indicated their support for a palliative care CPG. David Menzies expressed a concern that the EMS services would become the de facto out of hours palliative care service.

Conor Deasy suggested that a subgroup be developed to examine the merits of implementing a Palliative Care CPG. Seamus McAllister said that the difficulties regarding this are mirrored in Northern Ireland. David Hennelly indicated that he has been appointed to a Palliative Care Committee and would be happy to represent the interests of MAC, he asked that a MAC subgroup be developed to commence work on proposal to address this issue. The subgroup members are to be composed of David Hennelly, Joseph Mooney, Niamh Collins, Conor Deasy and Brian Power.

**4.3 Patient Restraint**

A short video clip was presented of a patient experiencing a behavioural episode following ingesting hallucinogenic drugs who was restrained by An Garda Síochána and being transported in an ambulance.

A discussion ensued regarding the appropriateness of patient restraint.

David Menzies suggested that the legalities of this should be investigated.

Seamus McAllister gave an account of similar difficulties encountered in Northern Ireland. It was agreed that the legal advice be sought and brought back to the Committee.

**5 Tranexamic Acid medication formulary**

A draft Medication Formulary for Tranexamic Acid was presented in the meeting papers.

> **Resolution:** The Medical Advisory Committee recommends to Council the Tranexamic Acid Medication Formulary, as presented.
>
> **Proposer:** David Hennelly **Seconded:** David Menzies
> Carried without dissent

**6 Practitioner queries re CPGs and medications**

**6.1 Seizures with eclampsia**

An email from a Practitioner requesting that Magnesium Sulphate be included as a modality for patients experiencing Seizures/Convulsions associated with eclampsia was included in the meeting papers. Brian Power informed the group that eclampsia is not currently listed on the 7th Schedule as an indication for administration of Magnesium Sulphate but an interim directive could address this.

> **Resolution:** That the Medical Advisory Group recommends to Council the amendment of the seizure/convulsion Adult CPG to include the administration of Magnesium Sulphate by Advanced Paramedics for patients experiencing Seizures/Convulsions associated with eclampsia. Subject to Interim Directive while awaiting inclusion on the 7th Schedule of Medicinal Products.
>
> **Proposer:** David O'Connor **Seconded:** David Irwin
> Carried without dissent

### 6.2 Salbutamol and Epinephrine

David O'Connor sought clarification as to the use of salbutamol in patients with exacerbation of COPD. The Committee clarified the correction action is not to withhold salbutamol as a silent chest in this presentation is a serious indication.

David also posed the question re the continued administration of IM epinephrine following a cardiac arrest as a result of an anaphylaxis episode. The Committee clarified that IV/IO administration of epinephrine was the appropriate route regardless of aetiology of the cardiac arrest.

### 6.3 Epinephrine auto-injector

An email from an EMT regarding the ability to administer epinephrine to patients without a prescription who experience Anaphylaxis was included in the meeting papers. It was agreed that this practice was too restrictive and that the CPGs should be changed to enable an EMT to administer an epinephrine auto-injector without the patient having a prescription.

**Resolution:** That the Medical Advisory Committee recommend to Council the amendment of the current Allergic Reaction/Anaphylaxis CPGs, adult and paediatric, to permit EMTs to administer epinephrine via auto injector for patients without prescription.

**Proposed:** Mac Hughes **Seconded:** Conor Deasy
Carried without dissent

### 6.4 Avulsed tooth CPG

A suggestion to develop a CPG for the treatment of patients with an avulsed tooth was submitted. It was agreed that this was a training issue and that a CPG was not required.

### 6.5 Include Ibuprofen in EMT scope of practice

Brian Power informed the group that PHECC had received a request to consider including Ibuprofen in the EMT scope of practice. This was supported by a recent audit of pain management by EMTs, which was tabled at the meeting. This was agreed and the relevant pain management CPGs will be updated accordingly.
Brian Power advised that this will require an Interim Directive as Ibuprofen at EMT level is not on the 7th Schedule (Part 3).

**Resolution:** That the Medical Advisory Committee recommend to Council the amendment of the Pain Management CPGs to include Ibuprofen on the EMT scope of practice for both adult and paediatric pain management.

**Proposed:** David Menzies **Seconded:** Conor Deasy
Carried without dissent

**7 KPI Update**

Brian informed the group that we are awaiting a report from the KPI committee

**8 A.O.B**

An extract from a blog from a CPG approved organisation was tabled which contained information suggesting that the PHECC CPG on spinal injury at OFA level could cause harm.

In support of the CPG, Brian Power included a paper from the USA that recommended that the appropriate care for a suspected spinal injury is to position the head in a neutral alignment.

Brian also included a Cochrane Review on spinal injuries which suggested that was no evidence either way on neutral alignment. He further stated that he had contacted Mark Dixon (who is currently conducting research of spinal injury extrication) for an opinion. Mark's advice was to not move the head until paramedics arrive on scene. Following a discussion it was agreed that the correct action was to realign the head to the neutral position following suspected spinal injury as outlined in the current CPG.

> **Resolution**: The CPG has been reviewed and deemed appropriate and does not require updating. The Committee instructed the Executive to communicate with the organisation in question to highlight this and to indicate its disagreement with posting the blog prior to discussing the issue with PHECC.
>
> **Proposed:** Conor Deasy **Seconded:** Shane Mooney
> Carried without dissent

Conor Deasy raised a query regarding Community CFR responders working for auxiliary and voluntary organisations and not providing cardiac arrest data to the National Ambulance Service cardiac arrest database. Brian Power asked him to communicate his concerns to the office and he will investigate.

The next meeting was scheduled for Thursday, February 27th

Signed: Niamh Collins Date 27/2/14