The Meeting Minutes of the Medical Advisory Committee, July 24th 2014.

The Osprey Hotel, Naas.

Present	**Apologies**	**In Attendance**
Mick Molloy	Declan Lonergan	Deirdre Borland
Niamh Collins — P.	Ken O'Dwyer	Barry O Sullivan
Peter O'Connor	Shane Knox	Brian Power
Jack Collins	David O'Connor	
Joseph Mooney	David McManus	
David Irwin	Cathal O'Donnell	
Sean Walsh		
Rory Prevett — S		
Shane Mooney		
Mick Dineen		
Neil Reddy		
Macartan Hughes		
Seamus McAllister		
Michael Dineen		
David Hennelly		
Conor Deasy		
Martin O'Reilly		

& GERY QUIRY.

1. Chair's business

The Chair welcomed the assembled members to the meeting and apologies were noted.

2. Draft Meeting Report – Thursday 27th February 2014

Resolution: That the minutes from the Medical Advisory Committee meeting held on Thursday 26th June 2014 be agreed subject to amendment as follows:

Proposed: Jack Collins **Seconded:** Joe Mooney

Carried without dissent

Macartan Hughes clarified that one of the cases of a practitioner wishing to step back a level on the register was a case of the practitioner wanting to revert to ambulance rather than response cars. Mick Molloy indicated that it was Councils opinion that this was not an isolated cased and this issue merits further investigation.

3. CPGs

3.1 Palliative care sub group update

Brian Power indicated that the Palliative Care Sub Group has had its second meeting and was attended by Seamus Clarke (via teleconference) ICGP Representative on MAC and work was progressing. The sub group will report back to MAC in due course.

3.2 Patient restraint policy

Brian Power introduced a draft patient restraint policy document based upon the advice of Dr Ciaran Craven BL. Niamh Collins questioned the appetite for this at practitioner level and expressed a concern that this policy may have an escalating effect. Rory Prevett indicated that the realities for those in operational areas is that there are instances where patient restraint is required and supporting services from the Gardaí is not always available.

Macartan Hughes asked that the issues of mental health and underlying medical condition effecting capacity and address them in separate policies. Brian Power suggested that the mental health act would cater for issues around mental health.

Mick Molloy suggested gaining insight from other jurisdictions and approaching the HSE, and Phillip Crowley, National Director Quality and Patient Safety Division HSE and the Patient Safety Authority. Rory Prevett asked that the realities of how long a crew may need to wait for Garda assistance in potentially time critical clinical circumstances be bore in mind.

Sean Walsh questioned the prioritisation of this item. David Irwin suggested that practitioners may be happy to act within the options of medical oversight. It was suggested that with medical oversight being only available to APs, Paramedic practitioners are at a disadvantage.

Seamus McAllister from the Northern Ireland Ambulance Service cautioned against the introduction of such measures as it had been the experience of his service that this was high risk in terms of legal challenges.

Mick Molloy asked if the Committee wish to prioritise this area. It was agreed to decide on prioritisation categories.

3.3 CPG development

A draft CPG policy was included in the meeting papers for the committees review.

Gerry Bury suggested an adoption of the JRCALC guidelines would be a practical approach and called for an evidence based review of CPGs currently in use.

Neil Reddy asked if the representatives at the Clinical Levels could moderate a forum for practitioners to communicate their issues and requirements.

Having examined the draft Policy Gerry Bury asked that the phrase "Working Diagnosis" replace "Clinical Impression".

Discussion ensued regarding the various points of the draft policy.

The following changes were suggested:

Point No. 2: Add; and/or morbidity

Point No. 4: Replace with; PHECC CPGs are the standard of care for PHECC registered practitioners and licenced CPG providers

Point No. 5: Add after "developed"; "based on clinical need".

Point No 5.3: Remove "with the emphasis on the patient and not to service provider"

Point No. 9: Add "working diagnosis" after to "clinical impression"

Point No. 10 Change "in a given situation to "in exceptional circumstances"

Shane Mooney indicated that there were many instances of practitioners having to work outside the CPGs as a norm. Mick Molloy said it was critical that MAC gets this information to insure the quality of the CPG.

Sean Walsh cautioned about stating that practitioners can deviate from CPG as this means that the guidelines are not fit for purpose.

The importance of ticking the Clinical Audit box when a practitioner has acted outside the CPG was stressed. Conor Deasy was asked for feedback regarding the circumstances whereby APs sought medical oversight. He indicated that seeking approval to administer additional morphine was one of the most frequent reason to seek clinical oversight.

Macartan Hughes asked that the term AP be amended to practitioner in the final chapter to reflect developments for all.

With regard to areas for exploration by MAC, Niamh Collins and David Hennelly asked respectively for "Austere Environment" and "Critical Care" to be included in the areas for exploration. It was also agreed to add Tactical Emergency Care.

A discussion ensued regarding a number of organisations providing care outside CPG approval.

Resolution: That the draft CPG policy be recommended to Council for approval subject to the changes agreed

Proposed: Niamh Collins **Seconded:** Peter O'Connor

Carried without dissent.

3.4 CPG Development Policy

As the information required for this topic had not been distributed in the papers the item was postponed until a future meeting.

4. MAC strategic review

4.1 update on new terms of reference

Brian Power informed the Committee that Council has approved the new terms of reference as proposed at the previous meeting.

5. Practitioner queries re CPGs and medications

5.1 Emergency Obstetric CPGs

Brian Power informed the Committee that both he and the Chair were liaising with Prof Turner, Clinical lead of the Obstetric/Gynaecology programme and that all the emergency obstetric CPGs had been sent to him for review and a meeting has been requested with Prof Turner.

Brian Power outlined that the following items were requested by practitioners for discussion. He further outlined that it was a preliminary discussion to decide if they could be considered or not for inclusion in a CPG.

5.2 Tranexamic acid for epistaxis

It was decided not to pursue this item.

5.3 Charcoal for poisons

Brian Power introduced a query from a practitioner requesting that charcoal be included in the CPG for poisons. Conor Deasy agreed that charcoal is merited for life threatening cases of certain poisoning types. It was agreed to pursue this item.

5.4 Triage sieve update

Rory Prevett introduced the new triage sieve used in the UK and asked if there would be merit in adopting it here. It was agreed to pursue this item.

5.5 Query Ibuprofen contraindicated for chicken pox

David Irwin introduced a practitioner query regarding the administration of ibuprofen to children with chicken pox. Sean Walsh indicated that he didn't see an issue with it but would investigate further.

5.6 ALS requests from EFR and EMT

Brian Power introduced an email outlining concerns regarding ERF and EMTs not requesting ALS. Mick Molloy questioned if the Medical Practitioner present are responsible and they should be compliant with the HSE draft policy on events. Michael Dineen indicated that this was likely an issue at smaller events not requiring a licence.

Medical cover at events and transporting protocols were discussed in detail. In particular the issue of informing ambulance control when an ambulance is transporting a patient to ED from events as this would lead to a more integrated approach to EMS. It was agreed that going through ProQA in ambulance control was not necessary as a practitioner would be on site. It is important, however that ambulance control would be aware of potential bottlenecks at specific EDs and could redirect the ambulance to a more appropriate ED if necessary. It was agreed to circulate the HSE guide for large crowd events to the Committee for further discussion.

Resolution: MAC recommends to Council that HSE ambulance control shall be informed of all ambulance transfers of patients from events to ED, MAC further recommends that the Priority Dispatch Committee consider an appropriate process, other than ProQA interrogation, to communicate with ambulance control and to explore if it is appropriate to issue a CAD incident number for such transfers.

Proposed: Conor Deasy **Seconded:** Jack Collins

Carried without dissent

Following discussion on the lack of 12 lead ECG on an ambulance with a paramedic crew it was agreed that practitioners must be appropriately equipped when providing care

Resolution: MAC recommends to Council that practitioners must be resourced with the appropriate equipment to allow them to work at their clinical level when providing pre-hospital emergency care.

Proposed: Niamh Collins **Seconded:** Jack Collins

Carried without dissent

5.7 Insertion of temporary staples into devastating wounds

Niamh Collins suggested that consideration be given to allowing Practitioners to temporarily staple wounds for cases of severe haemorrhage. It was agreed to pursue this item.

5.8 Use of Aspivenin syringes for stings

Brian Power introduced a query considering the use of aspivenin syringes for sting removal. It was agreed that this is not a priority work area for MAC

5.9 Use of Chlorphenamine for allergic reaction

A query from a paramedic regarding the administration for Chlorphenamine for allergic reaction was included for discussion. Brian Power outlined that Chlorphenamine is now on the 7th Schedule and that in keeping with the ICGP protocol for anaphylaxis it would be appropriate to introduce it. It was agreed that this should be pursued.

5.10 Spinal injuries

Shane Mooney asked that consideration be given to, the review of the management of spinal injury in light of recent developments. PHECC has funded research carried out by Mark Dixon (UL) on extrication. It was agreed that the publications of Sir Keith Porter, Royal College of Surgeons Edinburgh in regard to this matter be reviewed

6. KPI Update

The data has still not been released by Prof O'Sullivan to PHECC.

7. S.I 300 of 2014

Brian Power informed the committee that the Minister for Health has signed SI 300 of 2014, updating the 7th Schedule of Medicinal Products. The Chair asked that the committee members consider medications that may be suitable for future versions and advise Brian Power accordingly.

8. A.O.B

8.1 Reporting of medicinal allergic reaction

Mick Molloy asked if Practitioners are obliged to report medicinal allergic reactions to the Health Products Regulatory Authority (HPRA) formally the Irish Medicines Board. This will be look into.

8.2 CPG Forum

UL C.P.R have informed the chair that there are 5 topics under discussion currently on the CPG forum and that patient follow up is a key area. The Chair indicated that this was a system wide issue and invited MAC members access the CPG forum to be informed of the issues. A password to the CPG forum can be facilitated by Niamh Cummins in UL.

8.3 Field Guide App

Joe Mooney raised a query in regard to the field guide App where the salbutamol dose was different to the CPG. Brian Power confirmed that the App was still in development and has not been released officially.

8.4 Pronouncement of Death

Macartan Hughes asked about the progress on the pronouncement of death by practitioners. Brian Power indicated that Geoff King and Pat Plunkett have been in discussion with the coroner for Dublin who has been supportive of the process. Brian Power outlined that each county has a coroner and all are independent of each other. There is no legal impediment to the pronouncement of death by practitioners, however, the Coroners and an Garda Síochána would need to be informed and agree the process to make it work satisfactorily.

Adding to this Brian Power stated that a problem ins emerging in relation to transporting dead bodies, following cessation of resuscitation, to emergency departments as they do not want to accept bodies. There are also issues around where the crew should bring the body and how the family can best be supported. It was agreed that a protocol needs to be put in place.

The Chair closed the meeting and thanked the members for their contribution. The next meeting will be held on 25th September.

Signed: Dr Mick Molloy Date: 25/9/24