

Statutory Registration and Pre-Hospital Emergency Care Practitioners



PHECC Register – the Sixth Statutory Healthcare Register

The **Pre-Hospital Emergency Care Council (PHECC)** is an independent statutory body whose functions include establishing and maintaining the sixth statutory healthcare register in Ireland.

This booklet has been compiled to inform clinical and administrative staff in Emergency Departments and other relevant Health Service facilities regarding the training and education – as well as the roles and responsibilities – of pre-hospital emergency care practitioners:

Emergency Medical Technician (EMT)



The **Emergency Medical Technician** can provide basic life support including automated external defibrillators, oropharyngeal airways, bag-valve-mask, glucometry and basic trauma care.

The EMT may administer Aspirin, GTN, Glucagon, Epi-pen and Entonox.

Paramedic (P)



The **Paramedic** can provide intermediate life support. This includes the skills listed for EMT and the insertion of a laryngeal mask airway & nasopharyngeal airway, 12 lead ECG, peak flow meter, cease resuscitation, and cervical injury decision.

The Paramedic may administer the medications permitted for an EMT as well as Epinephrine (1:1000), Naloxone, Salbutamol and Paracetamol. The Paramedic may maintain intravenous infusions once commenced.

Advanced Paramedic (AP)



The **Advanced Paramedic** can provide advanced life support. This includes the skills listed for Paramedic and the use of an endotracheal tube, intravenous cannulation, manual defibrillation, thrombolysis, needle thoracocentesis, needle cricothyrotomy and urinary catheterisation.

The Advanced Paramedic may administer the medications permitted for a Paramedic and 23 additional medications for acute emergency medical and traumatic conditions from cardiac arrest to hypovolaemia.

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The titles **Emergency Medical Technician (EMT)**, **Paramedic (P)**, and **Advanced Paramedic (AP)** identify healthcare professionals who are registered with PHECC. Pre-hospital emergency care practitioners are eligible to join the PHECC Register once they have completed PHECC's Standard of Education & Training at the relevant level and have been awarded the National Qualification in Emergency Medical Technology (NQEMT).

REGISTER DIVISION (JANUARY 2009)	COUNT
Emergency Medical Technician (EMT)	257
Paramedic (P)	2167
Advanced Paramedic (AP)	157
Total Registered Practitioners	2581

Emergency Medical Technician (EMT)

An Emergency Medical Technician (EMT) is a registered practitioner who has completed PHECC's Standard of Education & Training at EMT level. This is the minimum clinical level that is recommended to provide care and transport of an ill or injured patient.

The duration of education and training is five weeks and is designed to provide the EMT with the knowledge and skills for working primarily in patient transport services and in supporting the pre-hospital response to patients accessing the 999/112 emergency medical services. The EMT can work for the HSE – National Ambulance Service; Dublin Fire Brigade; fire, rescue and auxiliary services; and voluntary or private ambulance services.

Successful completion of an EMT course at a PHECC-Recognised Training Institution entails four weeks theory and one week clinical practice and assessment. The National Qualification in Emergency Medical Technology (NQEMT) at EMT level is awarded to successful candidates after a written paper comprised of multiple choice questions (MCQs) and a practical objective structured clinical examination (OSCE).

Paramedic (P)

A Paramedic (P) is a registered practitioner who has completed PHECC's Standard of Education & Training at Paramedic level. This is the minimum clinical level that is recommended to provide care & transport of an ill or injured patient following a 999/112 call.

The Paramedic is principally engaged in responding to patients who access the 999/112 service for emergency medical assistance. The Paramedic can work for the HSE – National Ambulance Service; Dublin Fire Brigade; fire, rescue and auxiliary services; and voluntary or private ambulance services.

The education and training for Paramedics consists of 28 weeks theory, supervised clinical practice on emergency ambulance vehicles and healthcare service placements as well as one year Internship. The Paramedic assessment comprises of two written papers; one multiple choice question (MCQ) and one short written answer (SWA) exam plus two practical, objective structured clinical examinations (OSCE). In addition, successful completion of a structured competence assessment during the one-year Internship including case study submission, completion of professional development modules and competency assessment is required prior to full registration on the Paramedic division of the PHECC Register. The NQEMT at Paramedic level is awarded to successful candidates.

Advanced Paramedic (AP)

An Advanced Paramedic (AP) is a registered practitioner who has at least 3 years experience as a Paramedic.

The AP standard of education and training prepares graduates for their role as clinical leaders and expert practitioners in the field of pre-hospital emergency care. Their deployment in the HSE is a matter for the National Ambulance Service and varies from region to region; nonetheless their role has been designed to contribute to a reduction in the morbidity and mortality of patients experiencing life threatening events pre-hospital. One significant advance in this area is the expected roll-out of pre-hospital thrombolysis in 2009.

There is no direct entry to this course of training and candidates are experienced Paramedics principally employed by the HSE – National Ambulance Service and Dublin Fire Brigade. The standard builds substantially on the Paramedic standard and currently requires fourteen weeks theory and clinical practice; six weeks in-hospital and a further six weeks on emergency response vehicles with supervision.

AP assessment includes written papers; multiple choice question (MCQ) and short written answer (SWA) exams, a practical, objective structured clinical examination (OSCE), a component of continuous assessment by submitting case studies/reviews and finally a panel exam. The NQEMT at AP level is awarded to successful candidates.

The current AP standard of education and training is under review, it is expected that one year of AP Internship and competence assessment will be added prior to registration in 2009. It is expected that the AP role will be expanded to include the treatment and discharge of patients who access the health service through the 999/112 system but who do not need hospital admission. This initiative will be supported by PHECC's Clinical Practice Guidelines.

Clinical skills and medication administration

Care management, including the administration of medications, as per level of training and division on the PHECC Register:

Key	
✓	Authorised under PHECC CPGs after completion of a PHECC-approved CPD module or during training courses completed after 2nd April 2007.
✓SA	Authorised subject to special authorisation as per CPG.
APO	Authorised under PHECC CPGs to assist practitioners only (when applied to EMT, to assist Paramedic or higher clinical levels).
URMPIO	Authorised under PHECC CPGs under registered medical practitioner's instructions only.

Medications	EMT	P	AP
Aspirin PO	✓	✓	✓
Epinephrine (1:1,000) auto injector	✓	✓	✓
Glucagon IM	✓	✓	✓
Glucose Gel Buccal	✓	✓	✓
GTN SL	✓	✓	✓
Nitrous oxide & Oxygen (Entonox®)	✓	✓	✓
Oxygen	✓	✓	✓
Paracetamol PO	✓	✓	✓
Salbutamol aerosol	✓SA	✓	✓
Morphine IM	URMPIO	URMPIO	✓SA
Epinephrine (1:1,000) IM		✓	✓
Ibuprofen PO		✓	✓
Naloxone IM		✓	✓
Salbutamol nebule		✓	✓
Dextrose 10% IV		✓SA	✓
Hartmann's Solution IV/IO		✓SA	✓
Sodium Chloride 0.9% IV/IO		✓SA	✓
Amiodarone IV/IO			✓
Atropine IV/IO			✓
Benzylpenicillin IM/IV/IO			✓
Clopidogrel PO			✓
Cyclizine IV			✓
Diazepam IV/PR			✓
Enoxaparin IV/SC			✓
Epinephrine (1:10,000) IV/IO			✓
Furosemide IV/IM			✓
Ipratropium bromide nebule			✓
Lidocaine IV			✓SA
Lorazepam PO			✓
Magnesium Sulphate IV			✓

(Table continued on next page)

Clinical skills and medication administration

All skills apply to adults and children unless specified.

Medications	EMT	P	AP
Midazolam IV/IM/Buccal/IN			✓
Morphine IV/PO			✓
Naloxone IV/IO			✓
Nifedipine PO			✓
Ondansetron IV			✓
Paracetamol PR			✓
Sodium Bicarbonate IV			✓
Syntometrine IM			✓
Tenecteplase IV			✓

Skill/Clinical Procedure	EMT	P	AP
Airway & Breathing Management			
BVM	✓	✓	✓
Cricoid pressure	✓	✓	✓
FBAO management	✓	✓	✓
Head tilt chin lift	✓	✓	✓
Jaw thrust	✓	✓	✓
Non-rebreather mask	✓	✓	✓
OPA	✓	✓	✓
Oxygen humidification	✓	✓	✓
Pocket mask	✓	✓	✓
Recovery position	✓	✓	✓
SpO ₂ monitoring	✓	✓	✓
Suctioning	✓	✓	✓
Venturi mask	✓	✓	✓
Flow restricted oxygen-powered ventilation device		✓	✓
LMA/LT adult		✓	✓
NPA		✓	✓
Peak flow		✓	✓
End Tidal CO ₂ monitoring			✓
Endotracheal intubation			✓
Laryngoscopy and Magill forceps			✓
LMA/LT child			✓
Nasogastric tube			✓
Needle cricothyrotomy			✓
Needle thoracocentesis			✓
Cardiac			
2-rescuer CPR	✓	✓	✓

(Table continued on next page)

Clinical skills and medication administration

AED adult	✓	✓	✓
AED child	✓	✓	✓
CPR adult, child & infant	✓	✓	✓
CPR newly born	✓	✓	✓
ECG monitoring (lead II)	✓	✓	✓
Emotional support	✓	✓	✓
Mechanical assist CPR device	✓	✓	✓
Recognise death and resuscitation not indicated	✓	✓	✓
12-lead ECG		✓	✓
Active cooling		✓	✓
Cease resuscitation		✓	✓
Impedance Threshold Device			✓
Manual defibrillation			✓
Haemorrhage Control			
Direct pressure	✓	✓	✓
Nose bleed	✓	✓	✓
Pressure points		✓	✓
Tourniquet use		✓	✓
Medication Administration			
Buccal route	✓	✓	✓
Intramuscular injection	✓	✓	✓
Oral	✓	✓	✓
Per aerosol	✓	✓	✓
Sublingual	✓	✓	✓
Per nebuliser		✓	✓
Infusion maintenance		✓ SA	✓
Infusion calculations			✓
Intraosseous injection/infusion			✓
Intravenous injection/infusion			✓
Per rectum			✓
Subcutaneous injection			✓
Trauma			
Active re-warming	✓	✓	✓
Cervical collar application	✓	✓	✓
Cervical spine manual stabilisation	✓	✓	✓
Helmet stabilisation/removal	✓	✓	✓
Log roll	✓	✓	✓
Move and secure patient into a vacuum mattress	✓	✓	✓
Move and secure patient to a long board	✓	✓	✓
Move patient with a canvas sheet	✓	✓	✓
Move patient with an orthopaedic stretcher	✓	✓	✓
Rapid extraction	✓	✓	✓

(Table continued on next page)

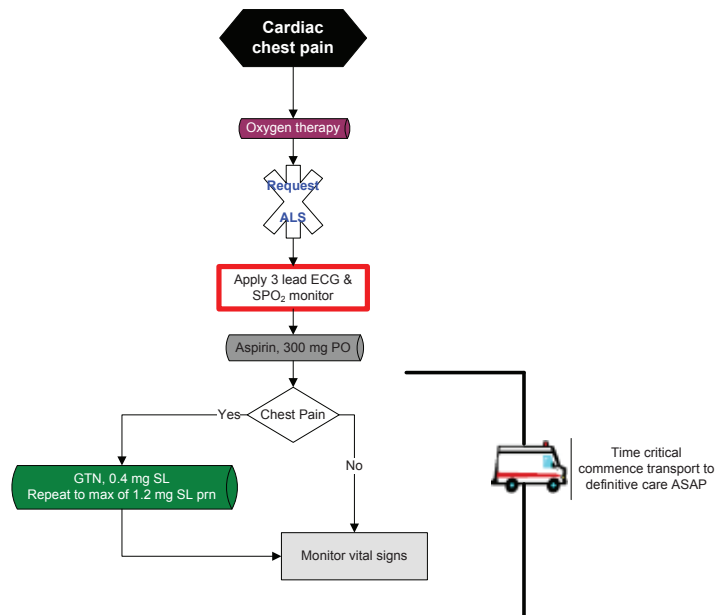
Clinical skills and medication administration

Splinting device application to lower limb	✓	✓	✓
Splinting device application to upper limb	✓	✓	✓
Repositioning # limbs	APO	✓	✓
Secure and move a patient with an extrication device	APO	✓	✓
Traction splint application	APO	✓	✓
Move and secure patient to a paediatric board		✓	✓
Spinal injury decision		✓	✓
Taser gun barb removal		✓	✓
Other			
Assist in the normal delivery of a baby	✓	✓	✓
De-escalation and breakaway skills	✓	✓	✓
Glucometry	✓	✓	✓
Broselow tape		✓	✓
Delivery complications		✓	✓
External massage of uterus		✓	✓
Intraosseous cannulisation			✓
Intravenous cannulisation			✓
Urinary catheterisation			✓
Patient Assessment			
Assess pupils	✓	✓	✓
Assess responsiveness	✓	✓	✓
AVPU	✓	✓	✓
Blood pressure	✓	✓	✓
Breathing & pulse rate	✓	✓	✓
Capacity evaluation	✓	✓	✓
Capillary refill	✓	✓	✓
Check breathing	✓	✓	✓
C5M assessment	✓	✓	✓
FAST assessment	✓	✓	✓
Medical Early Warning Score	✓	✓	✓
Paediatric Assessment Triangle	✓	✓	✓
Patient clinical status	✓	✓	✓
Primary survey	✓	✓	✓
Pulse check (cardiac arrest)	✓	✓	✓
Rule of Nines	✓	✓	✓
SAMPLE history	✓	✓	✓
Secondary survey	✓	✓	✓
Temperature °C	✓	✓	✓
Triage sieve	✓	✓	✓
Chest auscultation		✓	✓
GCS		✓	✓
Revised Trauma Score		✓	✓
Triage sort		✓	✓

Cardiac Chest Pain - Acute Coronary Syndrome

EMT

4.4.16 Published 22nd May 2008



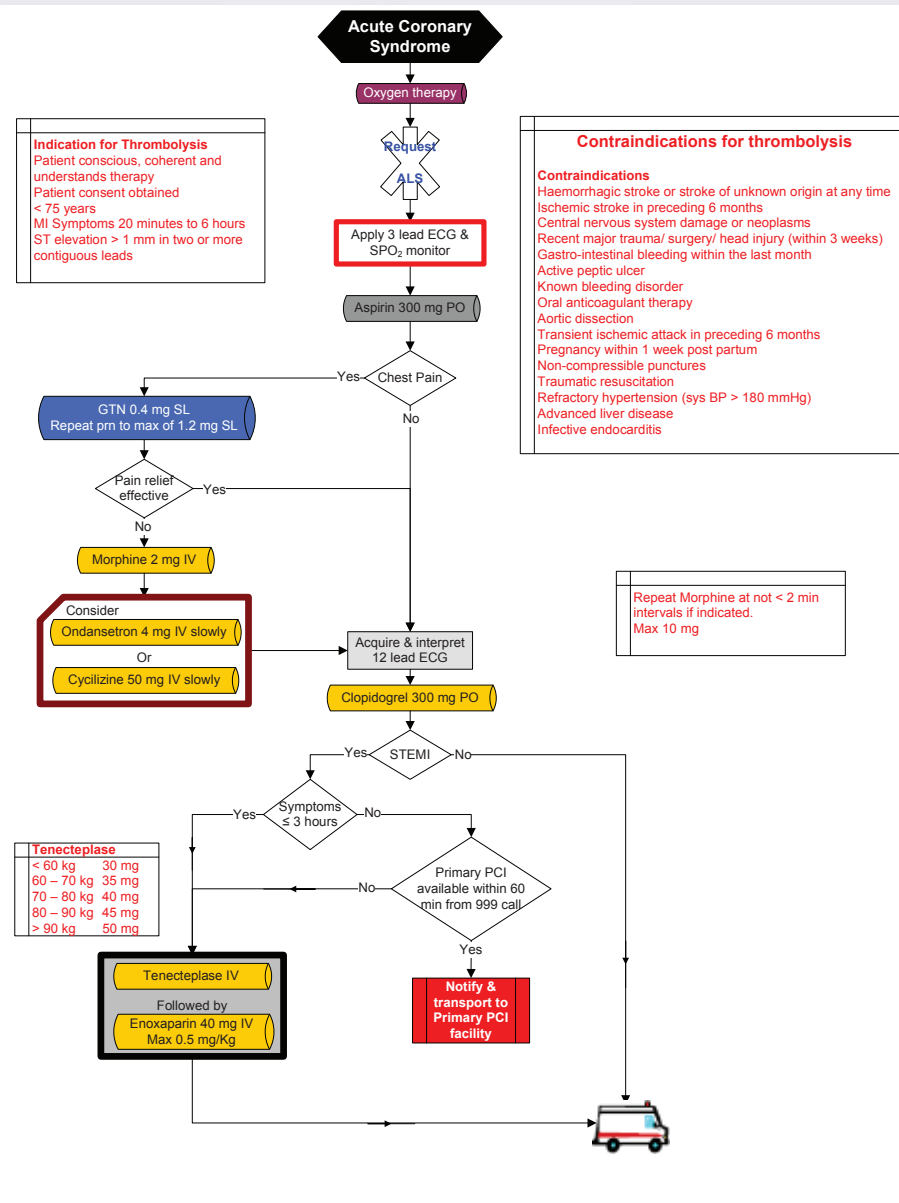
Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Cardiac Chest Pain - Acute Coronary Syndrome

P

AP

5/6.4.16 Published 22nd May 2008

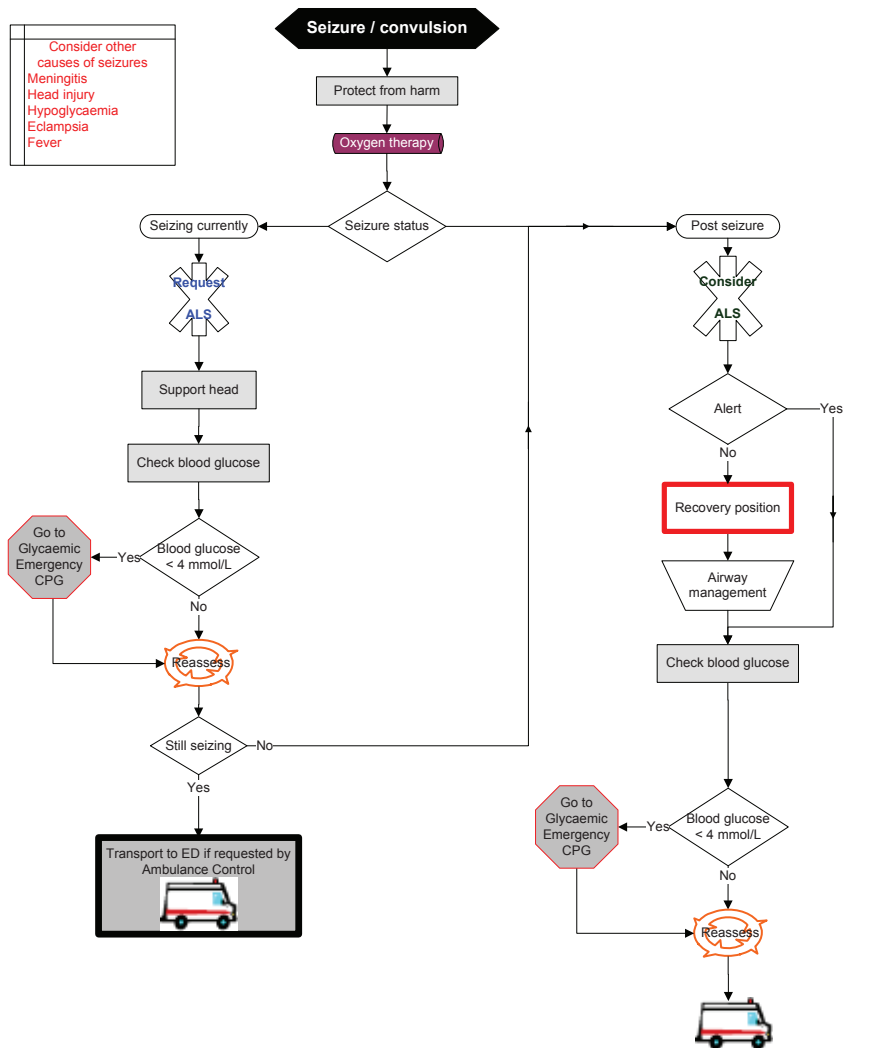


Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Seizure / convulsion - Adult

EMT

4.4.20 Published 22nd May 2008



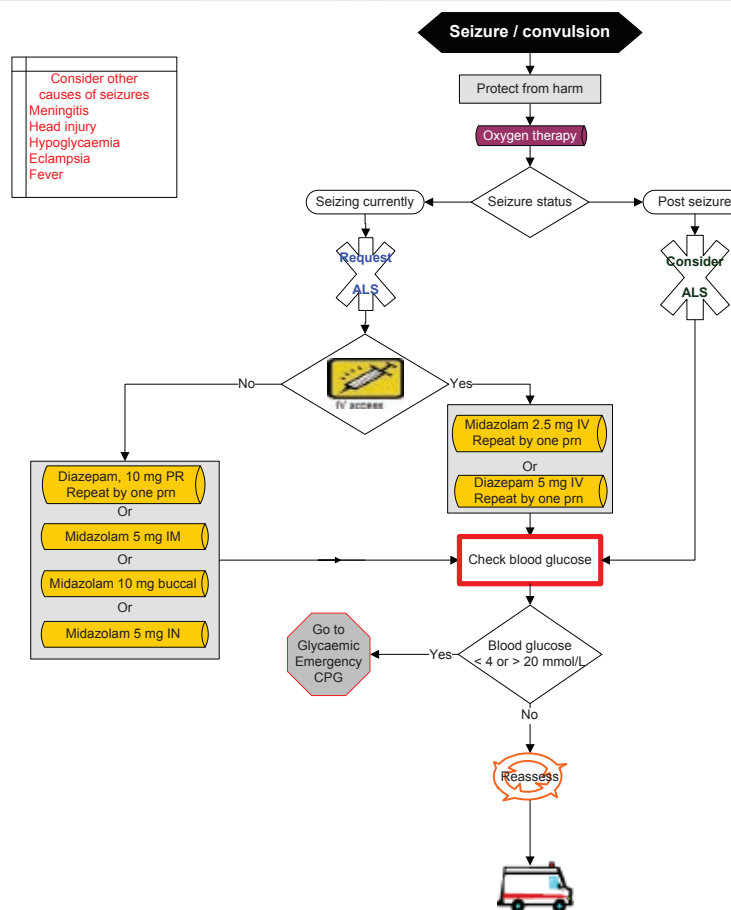
Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Seizure / convulsion - Adult

P

AP

5/6.4.20 Published 22nd May 2008

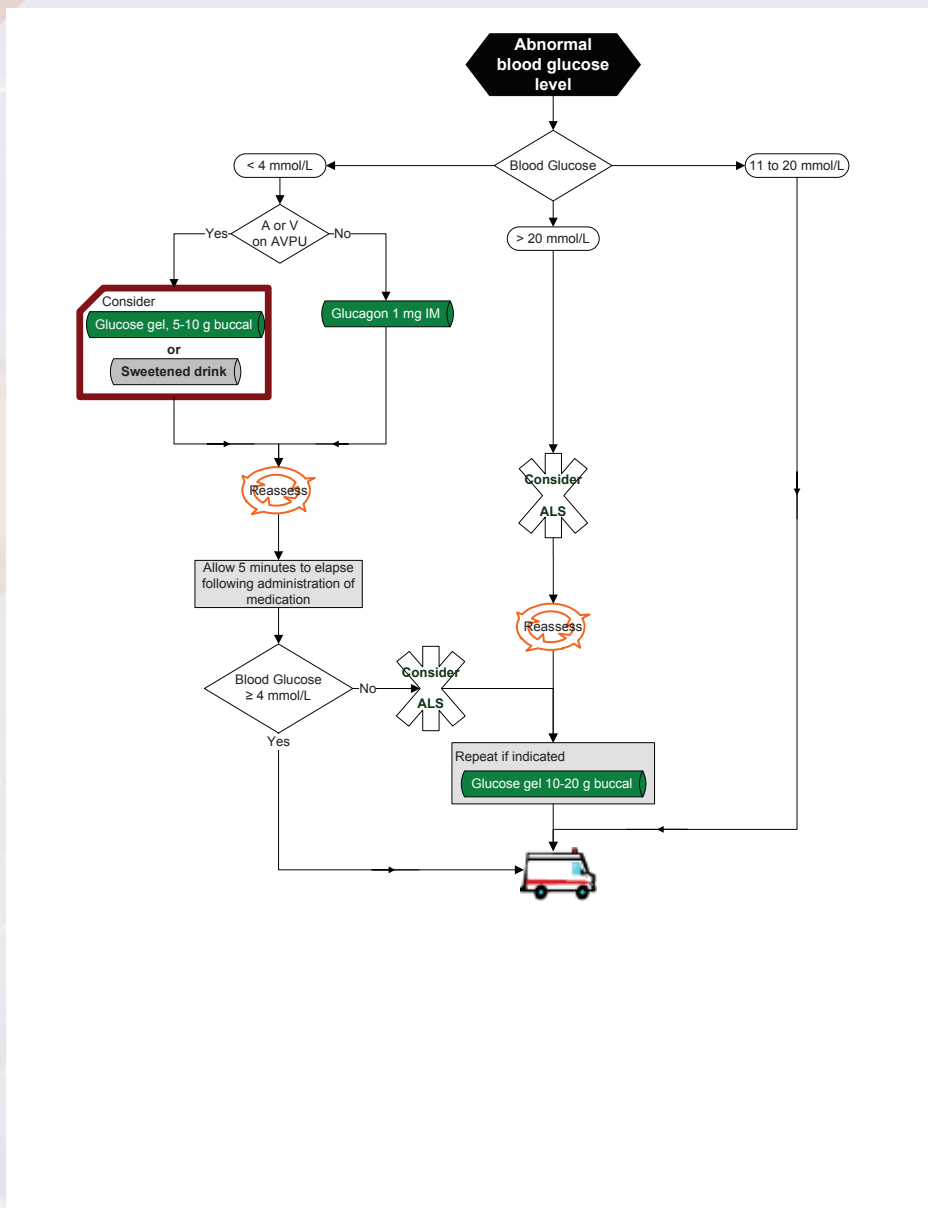


Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Glycaemic Emergency - Adult

EMT

4.4.19 Published 22nd May 2008



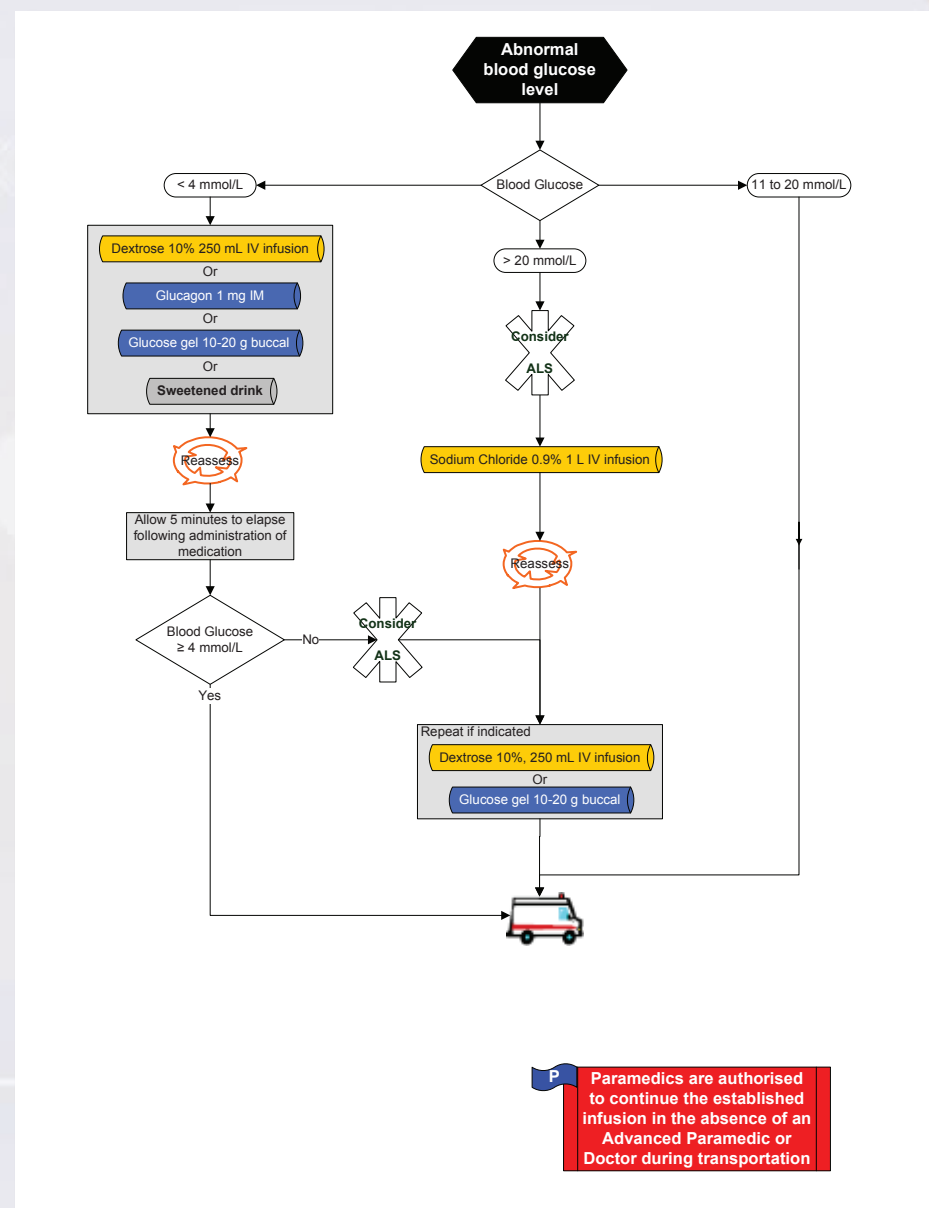
Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Glycaemic Emergency - Adult

P

AP

5/6.4.19 Published 22nd May 2008



P Paramedics are authorised to continue the established infusion in the absence of an Advanced Paramedic or Doctor during transportation

Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Patient Care Report (PCR) and electronic Patient Care Report (ePCR)

Recording interventions and medications administered to patients pre-hospital is an essential clinical responsibility for all pre-hospital emergency care practitioners. This information is recorded on the national Patient Care Report. Audit of this data by the ambulance service will continue to validate the effectiveness of patient care and pre-hospital emergency care education and training.

The completed top copy of the PCR is included as part of the patient handover from the pre-hospital emergency care practitioner to the Emergency Department staff and the second copy is stored by the ambulance service according to PHECC Clinical Record Management Guidelines.

In parallel, the ambulance service in the HSE North East are using tablet PCs to record patient information on the PHECC ePCR system which integrates with the Computer Aided Dispatch System (CAD) in the Communication Centre located in Ambulance Headquarters in Navan and the Life Pack 12 defibrillator located in the ambulance. At any time the practitioner deems appropriate, patient data can be transmitted to an eTriage application which can be viewed in four Emergency Departments in the region. The departments are, Our Lady of Lourdes, Drogheda; Cavan General Hospital, Cavan; Our Lady's Hospital, Navan; and Louth County Hospital, Dundalk. The patient data, including assessment details, vital observation, clinical management and interventions and ECG tracing can be viewed by Emergency Department nurses and clinicians.

The ambulance service in the HSE West counties of Mayo and Roscommon are implementing the stand-alone ePCR system and currently Belmullet ambulance station are recording patient data on tablet PCs and printing the ePCR report in the Emergency Department in Mayo General Hospital in Castlebar. Background work on eTriage implementation has been completed and this will be soon installed Mayo General Hospital.

In the future it is planned to roll out the integrated ePCR system nationally.

A copy of the PCR content is included here.

PATIENT CARE REPORT

PATIENT INFORMATION
 SURNAME: _____ FIRST NAME: _____
 PERMANENT ADDRESS: _____ DOB: _____
 AGE: _____ GENDER: _____
 NOK: _____ NOK TELEPHONE: _____

INCIDENT INFORMATION
 DATE OF CALL: _____ TIME OF CALL: _____ DISPATCH CLASSIFICATION: _____
 MOBILE: _____ AT SCENE: _____ AT PATIENT: _____ DEPART SCENE: _____ AT DESTINATION: _____
 ALL HAZARDOUS: _____ DESTINATION: _____ CLEAR: _____
 CC: _____
 PRACTITIONER ATTEND: _____ PRACTITIONER SUPPORT: _____ OTHER: _____ SEATING PIN: _____

TCO (Triage Category) _____
NTI (Nurse Triage Index) _____

INCIDENT INFORMATION
 HOW: _____ NO. PLACES CERTIFIED: _____ PUBLIC BUILDING: _____
 TYPE OF CLAUSE: _____ INCLOSURE/SPREADER: _____ RESIDENTIAL/INDUSTRIAL: _____
 STREET CLOSURE: _____ OBSTRUCTIONS: _____
Number of Assistants Prior to Arrival of Practitioner
 NONE _____ ONE _____ TWO _____ THREE _____ FOUR _____
Number of Assistants Prior to Arrival of Practitioner
 NONE _____ ONE _____ TWO _____ THREE _____ FOUR _____

CLINICAL INFORMATION

PATIENT'S CHIEF COMPLAINT _____ **TIME OF ONSET** _____ **DATE OF ONSET** _____

HUMANITY **ABILITY**
 A CLEAR PARTIALLY OBSTRUCTED OBSTRUCTED
 C C Spine SUSPECT NOT INDICATED
 B NORMAL ABNORMAL ABSENT
 C **PULSE** PRESENT ABSENT **HAMMORRAGE** YES NO
 REGULAR IRREGULAR NORMAL PALE FLUSHED CYANOSIS
 Cap. Refill < 2 SEC > 2 SEC
 D **Loss of Consciousness (Before/After)** Yes No **AVPU**
 E A Anxious P Pain I Inj I Inj I Inj I Inj
 B Burn R Rash W Wound W Wound
 C Confusion S Swelling S Swelling
 D Dehydration N Numbness N Numbness
 F Fracture F Fracture F Fracture

CLINICAL IMPRESSION

GENERAL
 HAIR LOSS HAIR LOSS HAIR LOSS
 HAIR LOSS HAIR LOSS HAIR LOSS
 HAIR LOSS HAIR LOSS HAIR LOSS

PATIENT'S MEDICAL OBSERVATIONS

A ALLERGIES NONE UNKNOWN

M MEDICATIONS NONE UNKNOWN AS SUPPLIED PER DRUG LETTER

P PAST MEDICAL HISTORY NONE UNKNOWN PER DRUG LETTER

L LAST INTAKE UNKNOWN DESCRIBE _____ HH | MM

E EVENT _____

MECHANISM OF INJURY
 STRUCK BY _____ STRUCK BY _____
 STRUCK BY _____ STRUCK BY _____
 STRUCK BY _____ STRUCK BY _____

CIRCUMSTANCES
 ACCIDENT ACCIDENT
 EVENT OF UNCLE TURNING INTO _____
 UNUSUAL SELF-HARM

VEHICLE
 TRUCK TRUCK
 BUS BUS
 MOTORCYCLE MOTORCYCLE
 OTHER OTHER

VEHICLE SPEED _____ km/h

VITAL OBSERVATION SHEET

OBSERVATION TIMES

PARAMETER	TIM (1)	TIM (2)	TIM (3)
PULSE RATE & RHYTHM R: Regular			
ECG RHYTHM			
RESPIRATORY RATE			
RESPIRATORY QUALITY (Normal, Increased, Decreased, Wheezing, Stridor, Silent)			
TEMPERATURE (°C)			
PUPILS (Size, Reaction to Light, Equal)			
PERFUSION (Capillary Refill, Skin Color)			
BLOOD PRESSURE			
BLOOD GLUCOSE LEVEL			
ROUTE			

(Form continued on next page)

Statutory Registration and Pre-Hospital Emergency Care Practitioners

MEDICAL TREATMENT INFORMATION				
TIME (HH)	MEDICATION TREATMENT			
TIME (MM)	DOSE	ROUTE	CODE (see list)	PN
TIME (HH)	MEDICATION TREATMENT			
TIME (MM)	DOSE	ROUTE	CODE (see list)	PN
TIME (HH)	MEDICATION TREATMENT			
TIME (MM)	DOSE	ROUTE	CODE (see list)	PN
TIME (HH)	MEDICATION TREATMENT			
TIME (MM)	DOSE	ROUTE	CODE (see list)	PN
TIME (HH)	MEDICATION TREATMENT			
TIME (MM)	DOSE	ROUTE	CODE (see list)	PN
TIME (HH)	MEDICATION TREATMENT			
TIME (MM)	DOSE	ROUTE	CODE (see list)	PN
TIME (HH)	MEDICATION TREATMENT			
TIME (MM)	DOSE	ROUTE	CODE (see list)	PN

MEDICATION TREATMENT			
ACETAMINOPHEN	AD	BUFF PUFFEN	BU
ALCOHOL SWAB	AA	LOCK CASE	LI
ASPIRIN	AS	LOGAZEPAM	LO
ATROPINE	AT	MAGNECALM	MO
BENZYL PINEOLINE	BZ	MORFININE	MO
CLONIDINE	CL	MUGAZOLAM	MO
CYCLIZINE	CZ	NALOXONE	NO
DEXTROSE 10%	DX	NIFEDIPINE	NF
DICLOFENAC	DI	NITROGLYCERINE 1% & 0.25% & 0.5%	NO
ETHYLENE GLYCOL	EG	OPRELVEKIN	OL
ETORICOXIB (150 DOSE)	ET	PARACETAMOL	PA
ETORICOXIB (75 DOSE)	ET	SALBUTAMOL	SA
FENYLEPHINE	FE	SCHEMOL (CARPINE)	SC
FELICILOL	FL	SODIUM CHLORIDE 0.9%	SO
FELICILOL GEL	FL	VALIUM 10MG	VA
GEL	GE	VITAMIN B12	VB
HALOPROLOL	HA	TENSIPULSE	TE
HARTMANN'S SOLUTION	HS	TRIPROCAN	TR
HEPARIN	HE	DRUG PRESCRIBED BY DOCTOR	DR
HYDROXYCORTISONE	HC		

CARE MANAGEMENT				
AIRWAY / BREATHING	CIRCULATION SUPPORT			
<input type="checkbox"/> AIRWAY CLEARANCE	<input type="checkbox"/> HEAD UP/NECK CONTROL			
<input type="checkbox"/> SUCTION	<input type="checkbox"/> HYPEROXIC OXYGEN			
<input type="checkbox"/> MANUAL FB CLEARANCE	<input type="checkbox"/> HYPEROXIC OXYGEN			
<input type="checkbox"/> OPI	IMMUNISATION / EXTORTION			
<input type="checkbox"/> NIBP	<input type="checkbox"/> CERVICAL COLLAR			
<input type="checkbox"/> LMVLT	<input type="checkbox"/> SPINAL BOARD			
<input type="checkbox"/> POCKET MASK	<input type="checkbox"/> VACUUM SPLINT			
<input type="checkbox"/> BVM	<input type="checkbox"/> TRACTION SPLINT			
<input type="checkbox"/> SIMPLE FACEMASK	<input type="checkbox"/> VACUUM MATRESS			
<input type="checkbox"/> VENTURI MASK	<input type="checkbox"/> BOX SPLINT			
<input type="checkbox"/> NON FIBRE OPTIC MASK	<input type="checkbox"/> PWC STRAPS			
<input type="checkbox"/> NASAL OXYGEN	<input type="checkbox"/> SAM SPLINTS			
<input type="checkbox"/> O2/CO2 MONITOR	<input type="checkbox"/> EXTRICATE ON DEVICE			
<input type="checkbox"/> ETCO2 MONITOR	MISCELLANEOUS			
<input type="checkbox"/> INTUBATION	<input type="checkbox"/> MINOR BURN TREATMENT			
<input type="checkbox"/> NEEDLE THORACOSTOMY	<input type="checkbox"/> REASSURANCE			
<input type="checkbox"/> REINFLATION AIRWAY	<input type="checkbox"/> ADVICE			
CARDIAC SUPPORT	<input type="checkbox"/> POSTURING			
<input type="checkbox"/> ECG MONITORING	<input type="checkbox"/> DURING DILATION THERAPY			
<input type="checkbox"/> 12 LEAD ECG	<input type="checkbox"/> OTHER DEVICES			
<input type="checkbox"/> DEFIBRILLATION	<input type="checkbox"/> BACK-HANDLED TUBE			
<input type="checkbox"/> CHEST COMPRESSIONS	<input type="checkbox"/> URINARY CATHETERISATION			
CONTINUITY OF CARE				
PRACTITIONER	PM	TIME	HANDOVER	INTERVENTION
PRACTITIONER	PM	TIME	HANDOVER	INTERVENTION
ADDITIONAL INFORMATION				
<input type="checkbox"/> LIFE THREATENING SITUATION TO LIFE THREAT <input type="checkbox"/> NON VIOLENCE/DANGEROUS <input type="checkbox"/>				
PCB	GA	REGULATING STAFF SIGNATURE		



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