



Cardiac First Response (CFR)
and
Medications for Listed Organisations
(SI 449 of 2015)
Education and Training Standards 2016

Mission Statement

“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care”

Version 1: Feb 2016

Published by:

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ISBN 978-0-9929363-5-8

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Version 1

Date Published:
May 2016

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Table of Contents

Background.....	3
Table of medicinal products.....	3
STN022-1 Education and Training Standard CFR and Epinephrine (Adrenaline).....	4
Module 4: Medication management – Epinephrine (Adrenaline).....	6
Module 5: Administration of Epinephrine (Adrenaline).....	7
STN022-2 Education and Training Standard CFR and Glucagon.....	8
Module 4: Medication management - Glucagon.....	10
Module 5: Administration of Glucagon.....	11
STN022-3 Education and Training Standard CFR and Glyceryl trinitrate.....	12
Module 4: Medication management - Glyceryl trinitrate.....	14
Module 5: Administration of Glyceryl trinitrate.....	15
STN022-4 Education and Training Standard CFR and Naloxone.....	16
Module 4: Medication management - Naloxone.....	18
Module 5: Administration of Naloxone.....	19
STN022-5 Education and Training Standard CFR and Salbutamol.....	21
Module 4: Medication management - Salbutamol.....	23
Module 5: Administration of Salbutamol.....	24
STN022-6 Add-On module for EFR - Medical Gas 50% Nitrous oxide and 50% Oxygen.....	25
Module 4: Medication management - Medical Gas 50% Nitrous oxide and 50% oxygen.....	25
Module 5: Administration of Medical Gas 50% nitrous oxide and 50% oxygen.....	27
Approval criteria for the medicinal products courses.....	29

Background

The Pre-Hospital Emergency Care Council (PHECC) has designed new education and training modules to offer appropriate training to existing and new responders who wish to avail of PHECC certified additional training in 6 medications as listed. This has been possible by [SI No. 449 of 2015 Medicinal Products \(Prescription and Control of Supply\) \(Amendment\) \(No. 2\) Regulations 2015](#) and [PHECC clinical practice guidelines \(CPGs\)](#).

Table of medicinal products

Module ref	Medicinal products (Tenth schedule; Regs. 4C SI 449 of 2015)	PHECC's pre or co-requisite entry criterion
STN022-1	Epinephrine (Adrenaline) auto-injector (By auto-injector)	PHECC's Cardiac First Response (CFR) certificate
STN022-2	Glucagon (By intramuscular injection)	PHECC's Cardiac First Response (CFR) certificate
STN022-3	Glyceryl trinitrate (By sublingual spray)	PHECC's Cardiac First Response (CFR) certificate
STN022-4	Naloxone (By intramuscular injection)	PHECC's Cardiac First Response (CFR) certificate
STN022-5	Salbutamol (By inhalation)	PHECC's Cardiac First Response (CFR) certificate
STN022-6	Medical gas 50% nitrous oxide and 50% oxygen (By inhalation)	PHECC's Emergency First Response (EFR) certificate

STN022-1 Education and Training Standard CFR and Epinephrine (Adrenaline)

Background

The Pre-Hospital Emergency Care Council (PHECC), has designed the Cardiac First Response (CFR) and Epinephrine (Adrenaline) standard to offer appropriate training to individuals and groups who wish to avail of certified training in basic life support and the administration of Epinephrine (Adrenaline) for the emergency treatment of adults and children (< 16 years old) with anaphylaxis (anaphylactic shock). This has been possible by [SI No. 449 of 2015 Medicinal Products \(Prescription and Control of Supply\) \(Amendment\) \(No. 2\) Regulations 2015](#) and [PHECC clinical practice guidelines \(CPGs\)](#).

Role and responsibility of certified trained non-medical person (or trained person), employed or engaged by a listed organisation:

In accordance with the Regulations a trained person may be a member of the public who has successfully undertaken a PHECC approved CFR and Epinephrine (Adrenaline) course in the past 2 years. In addition to CFR skills, the trained person will learn specific knowledge and skills in the further management of another person (a patient) who is having a severe allergic reaction (anaphylaxis) in the out-of-hospital environment until handover to an appropriate practitioner. The certified trained person will be able to recognise and treat these patients in accordance with SI 449 of 2015 and PHECC clinical practice guidelines (CPGs).

Certified trained persons must be able to demonstrate a commitment to the process of continuous responder competence and will be required to maintain their skill levels in CFR and Epinephrine (Adrenaline) not longer than 2 years from the date of issuance.

Learning outcomes for the CFR and Epinephrine (Adrenaline) standard

The trained person will possess the following general knowledge and skills. The ability to:

- **Recognise** the signs of a life threatening emergency
- **Respond** in an effective, safe and appropriate manner to a life threatening emergency, utilising basic life support skills
- **Retrieve** and use, if required, an automated external defibrillator during a cardiac arrest
- **Report and record** actions appropriately and handover to emergency medical services
- **React** to a life threatening or potentially life threatening anaphylactic reaction

The learning objectives in the standard refer to the management of adults and children unless stated otherwise. The standard of care for patients is set out in the PHECC clinical practice guidelines (CPGs). The CPGs are available from the website of PHECC www.phecc.ie

Framework for the CFR and Epinephrine (Adrenaline) Standard

Learning outcome	Module
Recognise the signs of a life threatening emergency	1. CFR - Basic Emergency Care
Respond in an effective, safe and appropriate manner, to a life threatening emergency, utilising basic life support skills	
Retrieve and use, if required, an automated external defibrillator during a cardiac arrest	2. CFR - Access and use of an Automated External Defibrillator
Report and Record actions appropriately and handover to emergency medical services	3. CFR- Safety and Communication
React to a life threatening or potentially life threatening anaphylactic reaction	4. Medication management- Epinephrine (Adrenaline) 5. Administration of Epinephrine (Adrenaline)

Key to the framework:

The certificate courses combine the Cardiac First Response (CFR) Community standard and new named medication management and administration modules. All modules must be successfully completed for PHECC certification “CFR and [named medicinal product]”; e.g. CFR and Epinephrine (Adrenaline).

Module 4: Medication management – Epinephrine (Adrenaline)

On completion of this module, the student will be able to outline their role and responsibilities as certified trained non-medical persons in the Regulations SI No. 449 of 2015 for the specific named medication. They will specify and put into practice safe storage, record keeping and patient consent requirements.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Discuss what is meant by the following terms as set down in SI No. 449 of 2015
 - o “an emergency”
 - o “An emergency rescue organisation”
 - o “a listed organisation” maintained by the Health Products Regulatory Authority (HPRA)
 - o “supply and administration of medicinal products”
 - o “the trained person”
 - o “the accountable person” (Reg. 4E and tenth schedule)
2. Outline the legal framework that enables the procurement, storage, supply and administration of the named medicinal product
3. Explain the clinical governance arrangements required for administration of the medicinal product including use of clinical practice guidelines
4. Outline the protocols and record keeping requirements for administration of the named medicinal product including the register and the particulars to be recorded therein as set down by SI No. 449 of 2015 (10C (a)- (h))
5. Explain the conditions appropriate for the storage and safe keeping of the named medicinal product
6. Outline the steps in the management of a needle stick injury to self or another person
7. Outline sharps management including sharps disposal
8. List the steps in reporting an adverse event following medication administration (as set down by the Health Products Regulatory Authority)
9. Manage any immediate adverse reaction(s) that may follow from administration of the medicinal product
10. Explain patient consent – informed and implied
11. List the patient confidentiality requirements including during record keeping

Attitudinal objectives

At the completion of this section, the student will be able to:

1. Value their role and contribution to the management of a person experiencing a life threatening severe allergic reaction (anaphylactic shock) while understanding their limitations.

Skills objectives

No skills objectives

Module 5: Administration of Epinephrine (Adrenaline)

On completion of this module, the student will be able to recognise a patient with a life threatening severe allergic reaction (anaphylactic shock) following exposure to a known or suspected allergen and safely administer the medicine Epinephrine (Adrenaline) using a pre-filled auto injection to adults and children.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Ask the specific questions to establish if the patient has a prior diagnosis of an allergy or is prescribed the medication
2. Ask specific questions to establish if the patient has been in contact with an allergen e.g. peanuts
3. List the signs and symptoms of anaphylaxis
4. Select the correct care management plan as set down in the clinical practice guideline including selection of the correct dose of medication for an adult and a child
5. List the '6 rights' of medication administration
6. List the suitable injection sites for giving the named medication
7. List the steps to take for personal protection against infection
8. Outline how to dispose of the auto injector after use

Attitudinal objectives

At the completion of this module, the student will be able to:

1. Whilst taking control of an emergency situation, demonstrate a courteous approach to the patient, their family and bystanders

Skills objectives

At the completion of this module, the student will be able to:

1. Recognise a patient having a severe allergic reaction (sudden onset and rapid progression of: airway swelling; breathing difficulty - wheeze; circulation, weakness; red, blotchy skin and or swollen eyes)
2. Survey the environment to establish if the patient has been exposed to an allergen including interview bystanders/family
3. Obtain patient consent prior to the use of the medicine Epinephrine (Adrenaline) where appropriate
4. Prepare the medicinal product for use – perform all appropriate pre-administration checks on the medication
5. Carry out all the appropriate interventions including the administration of Epinephrine (Adrenaline) intramuscular to an adult and child as per clinical practice guideline (i.e. call for EMS)
6. Monitor the patient and their response to the medication Epinephrine (Adrenaline)
7. Complete PHECC's [ambulatory care report \(ACR\)](#) as a patient record and any other any other documentation required by the listed organisation
8. Demonstrate correct disposal of the medication injection device
9. Deliver a handover report to an appropriate practitioner

STN022-2 Education and Training Standard CFR and Glucagon

Background

The Pre-Hospital Emergency Care Council (PHECC) has designed the Cardiac First Response (CFR) and Glucagon for injection standard to offer appropriate training to individuals and groups who wish to avail of certified training in basic life support and the administration of Glucagon for emergency treatment of adults and children (< 16 years) with hypoglycaemia. This has been possible by [SI No. 449 of 2015 Medicinal Products \(Prescription and Control of Supply\) \(Amendment\) \(No. 2\) Regulations 2015](#) and [PHECC clinical practice guidelines \(CPGs\)](#).

Role and responsibility of certified trained non-medical person (or trained person), employed or engaged by a listed organisation:

In accordance with the Regulations a trained person may be a member of the public who has successfully undertaken a PHECC approved CFR and Glucagon course in the past 2 years. In addition to CFR skills, the trained person will learn specific knowledge and skills in the further management of another person (a patient) with hypoglycaemia in the out-of-hospital environment until handover to an appropriate practitioner. The certified trained person will be able to recognise and treat these patients in accordance with SI 449 of 2015 and PHECC clinical practice guidelines (CPGs).

Certified trained persons must be able to demonstrate a commitment to the process of continuous responder competence and will be required to maintain their skill levels in CFR and Glucagon not longer than 2 years from the date of issuance.

Learning outcomes for the CFR and Glucagon standard

The trained person will possess the following general knowledge and skills. The ability to:

- **Recognise** the signs of a life threatening emergency
- **Respond** in an effective, safe and appropriate manner to a life threatening emergency, utilising basic life support skills
- **Retrieve** and use, if required, an automated external defibrillator during a cardiac arrest
- **Report and record** actions appropriately and handover to emergency medical services
- **React** to a patient with a life threatening or potentially life threatening hypoglycaemic event

The learning objectives in the standard refer to the management of adults and children unless stated otherwise. The standard of care for patients is set out in the PHECC clinical practice guidelines (CPGs). The CPGs are available from the website of PHECC www.phecc.ie

Framework for the CFR and Glucagon Standard

Learning outcome	Module
Recognise the signs of a life threatening emergency	1. CFR- Basic Emergency Care
Respond in an effective, safe and appropriate manner, to a life threatening emergency, utilising basic life support skills	
Retrieve and use, if required, an automated external defibrillator during a cardiac arrest	2. CFR- Access and use of an Automated External Defibrillator
Report and Record actions appropriately and handover to emergency medical services	3. CFR- Safety and Communication
React to a life threatening or potentially life threatening hypoglycaemic event	4. Medication management - Glucagon 5. Administration of Glucagon

Key to the framework:

The certificate courses combine the Cardiac First Response (CFR) Community standard and new named medication management and administration modules. All modules must be successfully completed for PHECC certification “CFR and [named medicinal product]”; e.g. CFR and Glucagon.

Module 4: Medication management - Glucagon

On completion of this module, the student will be able to outline their role and responsibilities as certified trained non-medical persons in the Regulations SI No. 449 of 2015 for the specific named medication. They will specify and put into practice safe storage, record keeping and patient consent requirements.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Discuss what is meant by the following terms as set down in SI No. 449 of 2015
 - o “an emergency”
 - o “an emergency rescue organisation”
 - o “a listed organisation” maintained by the Health Products Regulatory Authority (HPRA)
 - o “supply and administration of medicinal products”
 - o “the trained person”
 - o “the accountable person” (Reg. 4E and tenth schedule)
2. Outline the legal framework that enables the procurement, storage, supply and administration of the named medicinal product
3. Explain the clinical governance arrangements required for administration of the medicinal product including use of clinical practice guidelines
4. Outline the protocols and record keeping requirements for administration of the named medicinal product including the register and the particulars to be recorded therein as set down by SI No. 449 of 2015 (10C (a)- (h))
5. Explain the conditions appropriate for the storage and safe keeping of the named medicinal product
6. Outline the steps in the management of a needle stick injury to self or another person
7. Outline sharps management including sharps disposal
8. List the steps in reporting an adverse event following medication administration (as set down by the Health Products Regulatory Authority (HPRA))
9. Manage any immediate adverse reaction(s) that may follow from administration of the medicinal product
10. Explain patient consent – informed and implied
11. List the patient confidentiality requirements including during record keeping

Attitudinal objectives

At the completion of this section, the student will be able to:

1. Value their role and contribution to the management of a person experiencing hypoglycaemia (low blood sugar) while understanding their limitations.

Skills objectives

No skills objectives

Module 5: Administration of Glucagon

On completion of this module, the student will be able to recognise a patient with hypoglycaemia, take and record a blood sugar measurement using a glucometer and safely administer the medicine Glucagon to adults and children.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Ask the specific questions to establish if the patient has a prior diagnosis of diabetes or is prescribed the medication
2. List the signs and symptoms of hypoglycaemia (to include a blood glucose < 4 mmol/L)
3. Discuss the normal range of blood glucose levels
4. List the pre-checks before use of a glucometer
5. List the steps in measuring a patient's blood glucose level using a glucometer
6. Differentiate between the need for oral glucose (sweetened drink or glucose gel) and intramuscular Glucagon when treating hypoglycaemia
7. Describe the limitations of Glucagon intramuscular when given to an under nourished person
8. Select the correct care management plan as set down in the clinical practice guideline including selection of the correct dose of medication for an adult and a child
9. List the '6 rights' of medication administration
10. List the suitable injection sites for giving the named medication
11. List the steps to take for personal protection against infection

Attitudinal objectives

At the completion of this module, the student will be able to:

1. Whilst taking control of an emergency situation, demonstrate a courteous approach to the patient, their family and bystanders

Skills objectives

At the completion of this module, the student will be able to:

1. Recognise a patient with hypoglycaemia (known diabetic with rapid onset confusion or altered levels of consciousness)
2. Obtain patient consent prior to the use of the medicine Glucagon where appropriate
3. Prepare a glucometer for use – perform a blood sugar measurement
4. Prepare the medicinal product for use – perform all appropriate pre-administration checks on the medication
5. Carry out all the appropriate interventions including the administration of a sweetened drink or glucose gel and Glucagon intramuscular to an adult and a child as per clinical practice guideline (i.e. call for EMS)
6. Monitor the patient and their response to the treatment
7. Encourage the patient, when sufficiently recovered, to eat carbohydrates (sandwich)
8. Complete PHECC's [ambulatory care report \(ACR\)](#) as a patient record and any other documentation required by the listed organisation
9. Demonstrate correct disposal of the medication vial, syringe and needle
10. Deliver a handover report to an appropriate practitioner

STN022-3 Education and Training Standard CFR and Glyceryl trinitrate

Background

The Pre-Hospital Emergency Care Council (PHECC) has designed the Cardiac First Response (CFR) and Glyceryl trinitrate standard to offer appropriate training to individuals and groups who wish to avail of certified training in basic life support and the administration of Glyceryl trinitrate for emergency treatment of adults with severe angina. This has been possible by [SI No. 449 of 2015 Medicinal Products \(Prescription and Control of Supply\) \(Amendment\) \(No. 2\) Regulations 2015](#) and [PHECC clinical practice guidelines \(CPGs\)](#).

Role and responsibility of certified trained non-medical person (or trained person), employed or engaged by a listed organisation:

In accordance with the Regulations a trained person may be a member of the public who has successfully undertaken a PHECC approved CFR and Glyceryl trinitrate course in the past 2 years. In addition to CFR skills, the trained person will learn specific knowledge and skills in the further management of another person (a patient) with severe angina attack in the out-of-hospital environment until handover to an appropriate practitioner. The certified trained person will be able to recognise and treat these patients in accordance with SI 449 of 2015 and PHECC clinical practice guidelines (CPGs).

Certified trained persons must be able to demonstrate a commitment to the process of continuous responder competence and will be required to maintain their skill levels in CFR and Glyceryl trinitrate not longer than 2 years from the date of issuance.

Learning outcomes for the CFR and Glyceryl trinitrate standard

The trained person will possess the following general knowledge and skills. The ability to:

- **Recognise** the signs of a life threatening emergency
- **Respond** in an effective, safe and appropriate manner to a life threatening emergency, utilising basic life support skills
- **Retrieve** and use, if required, an automated external defibrillator during a cardiac arrest
- **Report and record** actions appropriately and handover to emergency medical services
- **React** to a person with severe angina

The learning objectives in the standard refer to the management of adults and children unless stated otherwise. The standard of care for patients is set out in the PHECC clinical practice guidelines (CPGs).

The CPGs are available from the website of PHECC www.phecc.ie

Framework for the CFR and Glyceryl trinitrate Standard

Learning outcome	Module
Recognise the signs of a life threatening emergency	1. CFR- Basic Emergency Care
Respond in an effective, safe and appropriate manner, to a life threatening emergency, utilising basic life support skills	
Retrieve and use, if required, an automated external defibrillator during a cardiac arrest	2. CFR- Access and use of an Automated External Defibrillator
Report and Record actions appropriately and handover to emergency medical services	3. CFR- Safety and Communication
React to a potentially life threatening angina episode	4. Medication management - Glyceryl trinitrate 5. Administration of Glyceryl trinitrate

Key to the framework:

The certificate courses combine the Cardiac First Response (CFR) Community standard and new named medication management and administration modules. All modules must be successfully completed for PHECC certification “CFR and [named medicinal product]”; e.g. CFR and Glyceryl trinitrate.

Module 4: Medication management - Glyceryl trinitrate

On completion of this module, the student will be able to outline their role and responsibilities as certified trained non-medical persons in the Regulations SI No. 449 of 2015 for the specific named medication. They will specify and put into practice safe storage, record keeping and patient consent.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Discuss what is meant by the following terms as set down in SI No. 449 of 2015
 - o “an emergency”
 - o “An emergency rescue organisation”
 - o “a listed organisation” maintained by the Health Products Regulatory Authority (HPRA)
 - o “supply and administration of medicinal products”
 - o “the trained person”
 - o “the accountable person” (Reg. 4E and tenth schedule)
2. Outline the legal framework that enables the procurement, storage, supply and administration of the named medicinal product
3. Explain the clinical governance arrangements required for administration of the medicinal product including clinical practice guidelines
4. Outline the protocols and record keeping requirements for administration of the named medicinal product including the register and the particulars to be recorded therein as set down by SI No. 449 of 2015 (10C (a)- (h))
5. Explain the conditions appropriate for the storage and safe keeping of the named medicinal product
6. List the steps in reporting an adverse event following medication administration (as set down by the Health Products Regulatory Authority (HPRA))
7. Manage any immediate adverse reaction(s) that may follow from administration of the medicinal product
8. Explain patient consent – informed and implied
9. List the patient confidentiality requirements including during record keeping

Attitudinal objectives

At the completion of this section, the student will be able to:

1. Value their role and contribution to the management of a person experiencing a severe angina attack while understanding their limitations.

Skills objectives

No skills objectives

Module 5: Administration of Glyceryl trinitrate

On completion of Module 5 the student will be able to recognise a patient with angina and safely administer the medicine Glyceryl trinitrate to adults.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Ask the specific questions to establish if the patient has a prior diagnosis of angina (crushing chest pain which may radiate) or is prescribed the medication
2. List the signs and symptoms of angina (cardiac chest pain)
3. Select the correct care management plan as set down in the clinical practice guideline including selection of the correct dose of medication for an adult
4. List the '6 rights' of medication administration
5. List the steps to take for personal protection against infection while administering the medication
6. Outline how to dispose of the medicinal product after use

Attitudinal objectives

At the completion of this module, the student will be able to:

1. Whilst taking control of an emergency situation, demonstrate a courteous approach to the patient, their family and bystanders

Skills objectives

At the completion of this module, the student will be able to:

1. Recognise a patient with an angina attack
2. Obtain patient consent prior to the use of the medicine Glyceryl trinitrate where appropriate
3. Prepare the medicinal product for use– perform all appropriate pre-administration checks on the medication
4. Carry out all the appropriate interventions including the administration of Glyceryl trinitrate to an adult as per clinical practice guideline (i.e. call for EMS, place patient in a seated position)
5. Monitor the patient and their response to the medication Glyceryl trinitrate
6. Complete PHECC's [ambulatory care report \(ACR\)](#) as a patient record and any other documentation required by the listed organisation
7. Demonstrate correct disposal of the medication (single patient use only)
8. Deliver a handover report to an appropriate practitioner

STN022-4 Education and Training Standard CFR and Naloxone

Background

The Pre-Hospital Emergency Care Council (PHECC) has designed the Cardiac First Response (CFR) and Naloxone standard to offer appropriate training to individuals and groups who wish to avail of certified training in basic life support and the administration of Naloxone for the emergency treatment of adults with respiratory depression secondary to known or suspected narcotic overdose. This has been possible by [SI No. 449 of 2015 Medicinal Products \(Prescription and Control of Supply\) \(Amendment\) \(No. 2\) Regulations 2015](#) and [PHECC clinical practice guidelines \(CPGs\)](#).

Role and responsibility of certified trained non-medical person (or trained person), employed or engaged by a listed organisation:

In accordance with the Regulations a certified trained non-medical person may be a healthcare worker, or a member of the public who has successfully undertaken a PHECC approved CFR and Naloxone course in past 2 years. In addition to CFR skills, the certified trained non-medical person will learn specific knowledge and skills in the further management of another person (a patient) who has respiratory depression secondary to known or suspected narcotic overdose in the out-of-hospital environment until handover to an appropriate practitioner. The certified trained person will be able to recognise and treat these patients in accordance with SI 449 of 2015 and PHECC clinical practice guidelines (CPGs).

Certified trained persons must be able to demonstrate a commitment to the process of continuous responder competence and will be required to maintain their skill levels in CFR and Naloxone not longer than 2 years from the date of issuance.

Learning outcomes for the CFR and Naloxone Standard

The certified trained non-medical person will possess the following general knowledge and skills. The ability to:

- **Recognise** the signs of a life threatening emergency
- **Respond** in an effective, safe and appropriate manner to a life threatening emergency, utilising basic life support skills
- **Retrieve** and use, if required, an automated external defibrillator during a cardiac arrest
- **Report and record** actions appropriately and handover to emergency medical services
- **React** to a life threatening or potentially life threatening respiratory depression secondary to known or suspected narcotic overdose

The learning objectives in the standard refer to the management of adults unless stated otherwise. The standard of care for patients is set out in the PHECC clinical practice guidelines (CPGs). The CPGs are available from the website of PHECC www.phecc.ie

Framework for the CFR and Naloxone Standard

Learning outcome	Module
Recognise the signs of a life threatening emergency	1. CFR- Basic Emergency Care
Respond in an effective, safe and appropriate manner, to a life threatening emergency, utilising basic life support skills	
Retrieve and use, if required, an automated external defibrillator during a cardiac arrest	2. CFR- Access and use of an Automated External Defibrillator
Report and Record actions appropriately and handover to emergency medical services	3. CFR- Safety and Communication
React to a life threatening or potentially life threatening respiratory depression secondary to known or suspected narcotic overdose	4. Medication management – Naloxone 5. Administration of Naloxone

Key to the framework:

The certificate courses combine the Cardiac First Response (CFR) Community standard and new named medication management and administration modules. All modules must be successfully completed for PHECC certification “CFR and [named medicinal product]”; e.g. CFR and Naloxone.

Module 4: Medication management - Naloxone

On completion of this module, the student will be able to outline their role and responsibilities as certified trained non-medical persons in the Regulations SI No. 449 of 2015 for the specific named medication. They will specify and put into practice safe storage, record keeping and patient consent requirements.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Discuss what is meant by the following terms as set down in SI No. 449 of 2015
 - o “an emergency”
 - o “An emergency rescue organisation”
 - o “a listed organisation” maintained by the Health Products Regulatory Authority (HPRA)
 - o “supply and administration of medicinal products”
 - o “the trained person”
 - o “the accountable person” (Reg. 4E and tenth schedule)
2. Outline the legal framework that enables the procurement, storage, supply and administration of the named medicinal product
3. Explain the clinical governance arrangements required for administration of the named medicinal product including use of clinical practice guidelines
4. Outline the protocols and record keeping requirements for administration of the named medicinal product including the register and the particulars to be recorded therein as set down by SI No. 449 of 2015 (10C (a)- (h))
5. Explain the conditions appropriate for the storage and safe keeping of the medicinal product
6. Outline the steps in the management of a needle stick injury to self or another person
7. Outline sharps management including sharps disposal
8. List the steps in reporting an adverse event following medication administration (as set down by the Health Products Regulatory Authority (HPRA))
9. Manage any immediate adverse reaction(s) that may follow from administration of the medicinal product
10. Explain patient consent – informed and implied
11. List the patient confidentiality requirements including during record keeping

Attitudinal objectives

At the completion of this module, the student will be able to:

1. Value their role and contribution to the management of a person experiencing a life threatening respiratory depression secondary to known or suspected narcotic overdose while understanding their limitations.

Skills objectives

No skills objectives

Module 5: Administration of Naloxone

On completion of this module, the student will be able to recognise a patient with respiratory depression secondary to known or suspected narcotic overdose and safely administer the medicine Naloxone using an injection to adults.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Ask the specific questions to establish if the patient has taken narcotics or has a history of taking narcotics
2. List the signs and symptoms of a patient with an opioid overdose
3. List the signs in the environment of a patient with an opioid overdose
4. List the signs and symptoms of respiratory depression
5. Select the correct care management plan as set down in the clinical practice guideline including selection of the correct dose of medication for an adult
6. List the '6 rights' of medication administration
7. List the suitable injection sites for giving the named medication
8. List the steps to take for personal protection against infection
9. Outline the personal safety measures that need to be considered when Naloxone is administered

Attitudinal objectives

At the completion of this module, the student will be able to:

1. Whilst taking control of an emergency situation, demonstrate a courteous approach to the patient, their family and bystanders
2. Understand the risks to personal safety when giving Naloxone to a person who has taken narcotics

Skills objectives

At the completion of this module, the student will be able to:

1. Recognise a patient with respiratory depression secondary to known or suspected narcotic overdose (unresponsive, inadequate breathing, pin point size pupils; consider also: drug paraphernalia nearby and or bystander history)
2. Survey the environment to establish if the patient has taken narcotics
3. Obtain patient consent prior to the use of the medicine Naloxone where appropriate
4. Perform a carotid pulse check
5. Prepare the medicinal product for use – perform all appropriate pre-administration checks on the medication
6. Carry out all the appropriate interventions including the administration of Naloxone intramuscular to an adult as per clinical practice guideline (i.e. call for EMS)
7. Monitor the patient and their response to the medication Naloxone

8. Complete PHECC's [ambulatory care report \(ACR\)](#) as a suitable patient record and any other required by the listed organisation
9. Demonstrate correct disposal of the unused medication and the injection device
10. Deliver a handover report to an appropriate practitioner

STN022-5 Education and Training Standard CFR and Salbutamol

Background

The Pre-Hospital Emergency Care Council (PHECC) has designed the Cardiac First Response (CFR) and Salbutamol standard to offer appropriate training to individuals and groups who wish to avail of certified training in basic life support and the administration of Salbutamol for emergency treatment of adults and children (< 16 years) with an acute asthmatic attack. This has been possible by [SI No. 449 of 2015 Medicinal Products \(Prescription and Control of Supply\) \(Amendment\) \(No. 2\) Regulations 2015](#) and [PHECC clinical practice guidelines \(CPGs\)](#).

Role and responsibility of certified trained non-medical person (or trained person), employed or engaged by a listed organisation:

In accordance with the Regulations a trained person may be a member of the public who has successfully undertaken a PHECC approved CFR and Salbutamol course in last 2 years. In addition to CFR skills, the trained person will learn specific knowledge and skills in the further management of another person (a patient) who is having an acute asthmatic attack in the out-of-hospital environment until handover (or referral) to an appropriate practitioner. The trained person will be able to recognise and treat these patients in accordance with SI 449 of 2015 and PHECC clinical practice guidelines (CPGs).

Certified trained persons must be able to demonstrate a commitment to the process of continuous responder competence and will be required to maintain their skill levels in CFR and Salbutamol not longer than 2 years from the date of issuance.

Learning outcomes for the CFR and Salbutamol standard

The trained person will possess the following general knowledge and skills. The ability to:

- **Recognise** the signs of a life threatening emergency
- **Respond** in an effective, safe and appropriate manner to a life threatening emergency, utilising basic life support skills
- **Retrieve** and use, if required, an automated external defibrillator during a cardiac arrest
- **Report and record** actions appropriately and handover to emergency medical services
- **React** to a life threatening or potentially life threatening asthmatic attack.

The learning objectives in the standard refer to the management of adults and children unless stated otherwise. The standard of care for patients is set out in the PHECC clinical practice guidelines (CPGs). The CPGs are available from the website of PHECC www.phecc.ie

Framework for the CFR and Salbutamol Standard

Learning outcome	Module
Recognise the signs of a life threatening emergency	1. CFR- Basic Emergency Care
Respond in an effective, safe and appropriate manner, to a life threatening emergency, utilising basic life support skills	
Retrieve and use, if required, an automated external defibrillator during a cardiac arrest	2. CFR- Access and use of an Automated External Defibrillator
Report and Record actions appropriately and handover to emergency medical services	3. CFR- Safety and Communication
React to a life threatening or potentially life threatening asthmatic attack	4. Medication management – Salbutamol 5. Administration of Salbutamol

Key to the framework:

The certificate courses combine the Cardiac First Response (CFR) Community standard and new named medication management and administration modules. All modules must be successfully completed for PHECC certification “CFR and [named medicinal product]”; e.g. CFR and Salbutamol.

Module 4: Medication management - Salbutamol

On completion of this module, the student will be able to outline their role and responsibilities as certified trained non-medical persons in the Regulations SI No. 449 of 2015 for the specific named medication. They will specify and put into practice safe storage, record keeping and patient consent requirements.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Discuss what is meant by the following terms as set down in SI No. 449 of 2015
 - o “an emergency”
 - o “An emergency rescue organisation”
 - o “a listed organisation” maintained by the Health Products Regulatory Authority (HPRA)
 - o “supply and administration of medicinal products”
 - o “the trained person”
 - o “the accountable person” (Reg. 4E and tenth schedule)
2. Outline the legal framework that enables the procurement, storage, supply and administration of the named medicinal product
3. Explain the clinical governance arrangements required for administration of the medicinal product including use of clinical practice guidelines
4. Outline the protocols and record keeping requirements for administration of the named medicinal product including the register and the particulars to be recorded therein as set down by SI No. 449 of 2015 (10C (a)- (h))
5. Explain the conditions appropriate for the storage and safe keeping of the named medicinal product
6. List the steps in reporting an adverse event following medication administration (as set down by the Health Products Regulatory Authority (HPRA))
7. Manage any immediate adverse reaction(s) that may follow from administration of the medicinal product
8. Explain patient consent – informed and implied
9. List the patient confidentiality requirements including during record keeping

Attitudinal objectives

At the completion of this section, the student will be able to:

1. Value their role and contribution to the management of a person experiencing an acute asthmatic attack while understanding their limitations.

Skills objectives

No skills objectives

Module 5: Administration of Salbutamol

On completion of this module the student will be able to recognise a patient with an acute asthmatic attack (life threatening) and safely administer the medicine Salbutamol to adults and children.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Ask the specific questions to establish if the patient has a prior diagnosis of asthma or is prescribed the medication
2. List the signs and symptoms of an acute asthmatic attack
3. Select the correct care management plan as set down in the clinical practice guideline including selection of the correct dose of the medication for an adult and a child
4. List the '6 rights' of medicine administration
5. List the steps to take for personal protection against infection
6. Outline how to dispose of the medicinal product and spacer after use

Attitudinal objectives

At the completion of this module, the student will be able to:

1. Whilst taking control of an emergency situation, demonstrate a courteous approach to the patient, their family and bystanders

Skills objectives

At the completion of this module, the student will be able to:

1. Recognise a patient having an acute asthmatic attack (inability to complete sentences in one breath, rapid breathing and any one of the following: feeble respiratory effort or; exhaustion or; confusion or; unresponsiveness or; blueish colouring (cyanosis))
2. Obtain patient consent prior to the use of the medicine Salbutamol where appropriate
3. Prepare the medicinal product for use including the age appropriate spacer – perform all appropriate pre-administration checks on the medication
4. Carry out all the appropriate interventions including the administration of Salbutamol as per clinical practice guideline to an adult and a child (i.e. call for EMS)
5. Monitor the patient and their response to the medication Salbutamol
6. Complete PHECC's [ambulatory care report \(ACR\)](#) as a patient record and any other documentation required by the listed organisation
7. Demonstrate correct disposal of the medication and spacer (single patient use only)
8. Advise a patient to attend their GP for follow up care when breathlessness resolved within 10 minutes (CPG refers)
9. Deliver a handover report to an appropriate practitioner if appropriate

STN022-6 Add-On module for EFR - Medical Gas 50% Nitrous oxide and 50% Oxygen

Background

The Pre-Hospital Emergency Care Council (PHECC) has designed this standard to offer appropriate training to Emergency First Responders (EFRs) who are practicing on behalf of a listed emergency rescue organisation who wish to avail of certified training in the administration of Medical Gas 50% Nitrous oxide and 50% oxygen for adult and child (< 16 years) pain relief in emergency rescue situations. This has been possible by [SI No. 449 of 2015 Medicinal Products \(Prescription and Control of Supply\) \(Amendment\) \(No. 2\) Regulations 2015](#) and [PHECC clinical practice guidelines \(CPGs\)](#).

An 'emergency rescue organisation' in SI 449 of 2015 is defined as: An organisation whose functions include provision of rescue services to persons who cannot, without specialised assistance, remove themselves from danger or entrapment, due to injury, illness or environmental conditions

This module does not teach cylinder safety (storage and use) or medical gas administration as this is already delivered and assessed as part of PHECC's Emergency First Response (EFR) education and training standard.

Module 4: Medication management - Medical Gas 50% Nitrous oxide and 50% oxygen

On completion of this module, the student will be able to outline their role and responsibilities as certified trained non-medical persons in the Regulations SI No. 449 of 2015 for the specific named medication. They will specify and put into practice safe storage, record keeping and patient consent requirements.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Discuss what is meant by the following terms as set down in SI No. 449 of 2015
 - o "an emergency"
 - o "An emergency rescue organisation"
 - o "a listed organisation" maintained by the Health Products Regulatory Authority (HPRA)
 - o "supply and administration of medicinal products"
 - o "the trained person"
 - o "the accountable person" (Reg. 4E and tenth schedule)
2. Outline the legal framework that enables the procurement, storage, supply and administration of the named medicinal product
3. Explain the clinical governance arrangements required for administration of the medicinal product including clinical practice guidelines
4. Outline the protocols and record keeping requirements for administration of the named medicinal product including the register and the particulars to be recorded therein as set down by SI No. 449 of 2015 (10C (a)- (h))

5. Explain the conditions appropriate for the storage and safe keeping of the named medicinal product
6. List the steps in reporting an adverse event following medication administration (as set down by the Health Products Regulatory Authority (HPRA))
7. Manage any immediate adverse reaction(s) that may follow from administration of the medicinal product
8. Explain patient consent – informed and implied
9. List the patient confidentiality requirements including during record keeping

Attitudinal objectives

At the completion of this section, the student will be able to:

1. Value their role and contribution to the management of a person experiencing severe pain in an emergency rescue situation while understanding their limitations.

Skills objectives

No skills objectives

Module 5: Administration of Medical Gas 50% nitrous oxide and 50% oxygen

On completion of this module the student will be able to recognise a patient with moderate to severe pain in a remote environment and administer the medicine medical gas 50% nitrous oxide and 50% oxygen to adults and children.

Knowledge objectives

At the completion of this module, the student will be able to:

1. Describe the 'Pain Scale' and ask the specific questions to establish the pain score experienced by the patient
2. List non-pharmacological pain management techniques (splinting, physiological support, heat or cold therapy, or positioning)
3. List the contraindication for the administration of medical gas 50% nitrous oxide and 50% oxygen
4. Outline the rationale for self-administration of medical gas 50% nitrous oxide and 50% oxygen
5. Outline when advanced life support should be requested during pain management
6. Select the correct care management plan as set down in the clinical practice guideline including selection of the correct dose for an adult and/or a child
7. List the '6 rights' of medication administration
8. List the special considerations in preparing this medication for administration in a cold environment.
9. List the steps to take for personal protection against infection while administering the medication
10. Outline how to dispose of the delivery apparatus after use

Attitudinal objectives

At the completion of this module, the student will be able to:

1. Whilst taking control of an emergency situation, demonstrate a courteous approach to the patient, their family and bystanders

Skills objectives

At the completion of this module, the student will be able to:

1. Recognise a patient with a pain management need
2. Obtain patient consent prior to the use of the medical gas 50% nitrous oxide and 50% oxygen where appropriate
3. Prepare the medical gas for use – perform all appropriate pre-administration checks on the medication
4. Carry out all the appropriate interventions including the administration of the medical gas to an adult or child as per clinical practice guideline (i.e. call for EMS)
5. Monitor the patient and their response to the medical gas

6. Complete PHECC's [ambulatory care report \(ACR\)](#) as a patient record and any other documentation required by the listed organisation
7. Demonstrate correct handling and storage of the cylinders and delivery devices (regulators etc.)
8. Deliver a handover report to an appropriate practitioner

Approval criteria for the medicinal products courses

Council set the requirements for submitting an application as well as maintaining status as a PHECC recognised institution in Council Rules. The detailed course approval criteria are described in subsections below. The information supplied by the applicant institution against each of the criteria must satisfy Council that arrangements are in place to provide a high quality course ensuring the validity of the joint PHECC/recognised institution award.

- 1. The medicinal products course incorporates the CFR Community standard.** In the event that course participants are holders of CFR Community certificates issued in the previous 12 months, recognition of prior learning may be considered, nevertheless, CFR skills must be assessed against the CFR standard. This accommodation will expire by Q4 2016. As the retention of CFR skills is known to diminish after time, it is recommended that students participate fully in the CFR component of the course.
- 2. Entry criteria:** There is no specific entry criterion including a minimum age. However, a course participant should be mature enough to comprehend the knowledge, skills and implications associated with defibrillation, use of the named medication and have a maturity to complete the assessment to receive the certification. Note the minimum age for entry to an EFR course is 18 and should be applied also to the modules for Nitrous oxide and Oxygen.
- 3. Duration:** *PHECC's CFR DVD* shall be used to deliver the CFR Community part of the course. Its use will allow one instructor deliver a course in 4 hours to 6 students, additional course participants will therefore extend the overall course duration. Using *PHECC's CFR Student Handbook* and *CFR Instructor Manual* will also facilitate course delivery and support the learning outcomes in the CFR Education and Training Standard.

The duration of the *Medication management* and *Medicinal product administration* modules including assessment is no less than 2 – 4 hours.
- 4. Ratio:** The instructor student ratio is 1:6/8; 1:8 should be the maximum allowed in exceptional circumstances only and is not the norm. The ratio of student to equipment (AED & manikin and medicinal product) is 3:1.
- 5. Design of the course:** The CFR community course uses a DVD to guide course delivery. The institutions must use PHECC CFR training materials including the DVD, CFR Student Handbook and CFR Instructor Manuals. For the medication modules, PHECC will, over the course of 2016, make an instructor course pack available to deliver and teach a standardised module.

6. **Course information:** The applicant institution must provide information as set out on the current application checklist/form. Course information is required for example:
- A list of suitably qualified faculty members, including course director and others.
 - Timetable and materials to be used.
 - Assessment and awards procedures for the course to support the institution's policy.
7. **Assessment:** Course participants may have their knowledge and skills assessed throughout or at the end of the course. Scenario based assessment sheets and MCQ exam have been developed by PHECC. The Responder Level Examination Handout for Recognised Institutions (PUB004) can be used to guide assessment. The mandatory components are:
- Skills assessment using PHECC's CFR Community assessment sheet.
 - Scenario based skills assessment - for the named medicinal product.
8. **Remediation** should be in-line with the recognised institution's own assessment policy and procedures.
9. **Certification:** Award of joint PHECC/recognised institution *CFR and named medicinal product* cards/certificates to successful participants is mandatory. Certification lapses after two years and a new course must be undertaken.
10. **CFR refresher training:** In order to maintain a readiness to perform CPR and AED interventions effectively, the standard interval accepted for CFR *refresher training* is one year after the initial certification. However, as the retention of skills in CPR and use of the AED are known to rapidly diminish, it is recommended that CFR refresher training occurs as frequently as possible. A CFR certificate remains valid for 2 years even if a person has not undertaken refresher training. The content of CFR refresher training is not prescribed and there is no requirement for it to be led by a CFR Instructor. It may include on-line learning and/or a practical skill session. The refresher training may include but is not restricted to the following objectives:
- indications for AED use and safety measures
 - indications for aspirin administration
 - learning points arising from the group's experiences of CPR and AED use, aspirin and medicinal product administration and interaction with patients; and
 - a scenario-based assessment of an unresponsive simulated patient and delivery of one shock.
 -

Who can teach CFR with named medicinal products modules?

1. Holders of PHECC instructor certificates/awards at the level of Emergency First Response (EFR) instructor, assistant tutors, tutors and facilitators. It is mandatory that these instructors/tutors maintain CFR instructor certification.
2. Other registered healthcare professionals with a valid CFR Instructor certificate, and have experience in managing emergencies and it's within their scope of practice; such as doctors, nurses or pharmacists. There is no PHECC Instructor certificate for this group.
3. The course director requirement for this course is an experienced EFR Instructor or above (assistant tutor, tutor or facilitator). PHECC will consider alternative course directors on a case-by-case basis.

Who can teach EFR module for medical gas 50% nitrous oxide and 50% oxygen?

4. Holders of PHECC instructor certificates/awards at the level of Emergency First Response (EFR) instructor, assistant tutors, tutors and facilitators. It is mandatory that these instructors/tutors maintain CFR instructor certification.
5. The course director requirement for this course is an experienced EFR Instructor or above (assistant tutor, tutor or facilitator).
6. Other registered healthcare professionals with emergency medicine or midwifery experience, and it's within their scope of practice; such as doctors, nurses and midwives. There is no PHECC Instructor certificate for this group.



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