



Pre-Hospital Emergency Care
Nomenclature for Ireland

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”

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Pre-hospital emergency care nomenclature for Ireland

1. Purpose

This document aims to describe current and aspirational pre-hospital emergency care clinical levels and nomenclature in Ireland.

2. Introduction

A well governed pre-hospital emergency care system needs to clearly describe the clinical level of care it provides at a given point in time.

A range of registered practitioners and community-based responders currently respond to pre-hospital emergencies in Ireland. They bring welcome, but vastly varying levels of competence, clinical decision making, equipment and medications to the scene. From a clinical governance and operational control perspective, this framework clearly describes the clinical level of care an individual resource can deliver at a given point in time.

The clinical level of care being delivered to a patient is more complex than the training of an individual practitioner or responder. It incorporates their;

- Credentialing - registration with a recognised professional body (where applicable) or certified as a responder
- Licensing – clear clinical governance within the employing / voluntary body
- Privileging – working within their agreed scope of practice, and
- coupled with the equipment and medications immediately available to provide a defined clinical level of care.

3. Defining persons requiring care and/or support

3.1 Patient: - a person who is injured or ill.

3.2 Casualty: - a person involved in an incident, who may or may not be injured or ill.

4. Pre-hospital emergency care definition

Pre-hospital emergency care is the care and/or transport of patients following an acute illness or injury, this may be provided by on-scene care or remotely delivered advice. It also incorporates the monitoring and/or care of unscheduled and undifferentiated patients, and/or their conveyance to or from a clinical facility.

Pre-hospital emergency care is divided into two domains, responder and practitioner. Responders are, in the main, persons who are deployed to an incident to provide initial emergency care while waiting for a higher clinical level to arrive. Practitioners are healthcare professionals trained to provide pre-hospital emergency care within their scope of practice. Outlined below see subcategories of each;

- (i) **Non-PHECC responders**, persons who respond to incidents who are not certified by PHECC.
- (ii) **Responders**, are co-certified by PHECC and an approved training institution. Their scope of practice is limited to non-invasive clinical interventions and non-conveyance of patients. Responders may provide First Aid Support (FAS) and/or basic life support (BLS) depending on medication and equipment available. There are currently three clinical levels of responder; cardiac first response (CFR), first aid response (FAR) and emergency first response (EFR). Certificates are time limited and it is the responsibility of the responder to ensure that the certificate remains current.
- (iii) **Emergency Medical call-takers and Dispatchers**, operate in emergency operation centres engaged in call taking and dispatching resources.
- (iv) **PHECC Practitioners**, are holders of the National Qualification in Emergency Medical Technology (NQEMT), are on the PHECC statutory register and subject to fitness to practice process. They must comply with the PHECC triple lock system of credentialing, licensing and privileging in order to practice. The PHECC practitioner's scope of practice incorporates clinical decision making, administration of medications, invasive and non-invasive clinical interventions and conveyance of patients. There are currently three clinical levels of PHECC practitioner; emergency medical technician (EMT), paramedic (P) and advanced paramedic (AP).
- (v) **Healthcare professionals on other statutory registers**, such as; registered medical practitioners, registered dentists, registered nurses or midwives, registered pharmacists and registered health and social care professionals.

This framework acknowledges that registered medical practitioners, dentists, registered nurses or midwives, pharmacists, and a range of allied health professionals, bring a wealth of expertise to patient care. Unless specifically trained and equipped, health professionals in community settings are realistically limited in providing pre-hospital emergency care at First Aid (or Basic Life Support if they have a defibrillator). It is important to make this assumption in order to ensure appropriate dispatching of additional resources against PHECC pre-determined response standards.

Many allied health professionals have existing arrangements with the statutory services either through framework agreements such as Out-Of-Hours cooperatives, practitioners providing care in isolated communities such as off-shore islands, or formal response schemes such as MERIT 3. In most instances they are providing care from Basic Life Support (BLS) to Intermediate Life Support (ILS), unless specifically declared as an ALS asset pertinent to this standard. It is imperative therefore that appropriate resources are allocated to respond, include the additional provision of an ALS response, if clinically indicated.

5. Clinical Scope

5.1 Citizen Care

The ability to provide immediate support to a patient without prior training, access to any equipment or medications. Any person can provide citizen care, this could simply be a bystander on scene or providing care via telephone advice.

5.2 Basic Life Support - Responder (BLS-R)

The ability to perform Basic Life Support (BLS) is defined as having access to a defibrillator, the training to both perform cardiopulmonary resuscitation (CPR) minimum CFR.

5.3 First Aid

First Aid is provided when a responder, practitioner or healthcare professional is on scene and has basic first aid equipment available to provide care to a minimum of the PHECC First Aid Responder (FAR) level.

5.4 Basic Life Support - Practitioner (BLS-P)

Basic Life Support (BLS) is provided when a practitioner or healthcare professional is on scene and has equipment and medications available to provide care to a minimum of the PHECC Emergency Medical Technician (EMT) level.

5.5 Intermediate Life Support (ILS)

Intermediate Life Support (ILS) is provided when a practitioner or healthcare professional is on scene and has equipment and medications available to provide care to a minimum of the PHECC Paramedic (P) level.

5.6 Advanced Life Support (ALS)

Advanced Life Support (ALS) is provided when a practitioner or healthcare professional is on scene and has equipment and medications available to provide care to a minimum of the PHECC Advanced Paramedic (AP) level.

5.7 Critical Care Support (CCS)

Critical Care Support (CCS) is provided when a practitioner or healthcare professional is on scene and has equipment and medications available to provide care to a minimum of the future PHECC Critical Care Paramedic (CCP) level.

Whilst a specific PHECC Education and Competency framework for CCS is in development, this document considers CCS to pre-hospital emergency care in Ireland to be defined by the standards laid out by The Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM), UK.

5.8 Healthcare Professional Assessment

Healthcare Professional Assessment is an assessment provided when a HCP is working within their own professional scope of practice and working with the medications and equipment available to them at that moment in time.

6. Clinical Level of Care in Practice

While the individual maintains the competence to perform specific clinical interventions through their training and certification the actual ability to perform these interventions is dependent on their current credentialing and the availability of the appropriate equipment and/or medications.

Appendix A

Legal framework

- (a) The Civil Liability Act 1961 (as amended by the Civil Law (miscellaneous provisions) Act 2011); gives protection from liability for a person providing assistance, advice or care as a serendipitous act (Good Samaritan). This Act also gives protection from liability for a volunteer who provides assistance, advice or care provided they do so within an agreed scope of practice. There are, however, limitations to the protection provided, See appendix B.
- (b) The Health Act 1970 (as amended by the Health Act 2004); enables the HSE to provide an ambulance service, in accordance with the direction of the Minister of Health.
- (c) European Communities (Minimum Safety and Health Requirements For Improved Medical Treatment on Board Vessels) Regulations, 506 of 1997; specifies requirements of ship's captains for the provision of emergency care onboard ships. This SI also enables the Minister for the Marine to designate a radio medical consultation centre to provide medical advice by radio. Medio Cork has been established as a result of this SI.
- (d) Dentists Act 1985; regulates practice for registered dentists.
- (e) The Pre-Hospital Emergency Care Council (Establishment) Order, 109 of 2000 (as amended by SI 575 of 2004 and conferred into primary legislation by the Health (Miscellaneous Provisions) Act 2007); provides for registration of practitioners, preparation of clinical practice guidelines, preparation of standards of operation and recognition of pre-hospital emergency care service providers in accordance with rules made by Council.
- (f) Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 510 of 2005 (as amended by SI 512 of 2008 and SI 300 of 2014); authorises the supply to and administration by PHECC registered practitioners of medications listed on the Seventh Schedule.
- (g) The Medical Practitioners Act 2007; regulates practice for registered medical practitioners.
- (h) Safety, Health and Welfare at Work (General Application) Regulations 229 of 2007; defines first aid and places an onus on employers to ensure that there are adequate first aiders and equipment available based on size and/or hazards.
- (i) The Nurses and Midwives Act 2011; regulates practice for registered nurses and midwives.
- (j) The Health and Social Care Professionals Act 2012; regulates practice for registered health and social care professionals.

Appendix B

Protection for individuals who provide care.

The Civil Liability Act 1961 (as amended) gives protection from liability for a person providing care as a serendipitous act. It also gives protection to individual volunteers who provide care under an organised process.

51A—(1) In this Part—

‘emergency’ includes circumstances arising in connection with an actual or apprehended accident;
‘good Samaritan’ means a person who, without expectation of payment or other reward, provides assistance, advice or care to another person in an emergency, but does not include a person who does so as a volunteer;

‘negligence’ does not include breach of statutory duty;

‘voluntary work’ means any work or other activity that is carried out for any of the following purposes:

- (a) a charitable purpose within the meaning of the Charities Act 2009;
- (b) without prejudice to the generality of paragraph (a), the purpose of providing assistance, advice or care in an emergency or so as to prevent an emergency;
- (c) the purpose of sport or recreation;

‘volunteer’ means a person who does voluntary work that is authorised by a volunteer organisation and does so without expectation of payment (other than reasonable reimbursement for expenses) or other reward;

‘volunteer organisation’ means anybody (whether or not incorporated) that is not formed for profit and that authorises the doing of voluntary work whether or not as the principal purpose of the organisation.

(2) A reference in this Part to the provision of assistance, advice or care to a person includes a reference to any of the following activities:

- (a) the administration of first-aid to the person;
- (b) the treatment of the person using an automated external defibrillator;
- (c) the transportation of the person from the scene of an emergency to a hospital or other place for the purposes of ensuring the person receives medical care.

(3) Nothing in subsection (2) shall operate to limit the nature of activities that may constitute assistance, advice or care for the purposes of this Part.

51D.—(1) A good Samaritan shall not be personally liable in negligence for any act done in an emergency when providing—

- (a) assistance, advice or care to a person who is—
 - (i) in serious and imminent danger, or apparently in serious and imminent danger, of being injured or further injured,
 - (ii) injured or apparently injured, or
 - (iii) suffering, or apparently suffering, from an illness, or
- (b) advice by telephone or by another means of communication to a person (whether or not the person is a person referred to in paragraph (a)) who is at the scene of the emergency.

(2) The protection from personal liability conferred on a good Samaritan by subsection (1) applies even if the emergency is caused by an act of the good Samaritan.

(3) The protection from personal liability conferred on a good Samaritan by subsection (1) shall not apply to—

- (a) any act done by the good Samaritan in bad faith or with gross negligence, or
- (b) any act done by the good Samaritan when providing assistance, advice or care in circumstances where the good Samaritan has a duty (whether imposed by or under any enactment or any other rule of law) to provide such assistance, advice or care.

The Civil Liabilities Act 1961 (as amended) also gives protection from liability for a volunteer who provides emergency care.

51E.—(1) A volunteer shall not be personally liable in negligence for any act done when carrying out voluntary work.

(2) The protection from personal liability conferred on a volunteer by subsection (1) shall not apply to any act done by the volunteer if—

- (a) the act was done by the volunteer in bad faith or with gross negligence, or
- (b) the volunteer knew or ought reasonably to have known that the act was—
 - (i) outside the scope of the voluntary work authorised by the volunteer organisation concerned,
 - or
 - (ii) contrary to the instructions of the volunteer organisation concerned.

(3) An agreement, undertaking or arrangement has no effect to the extent that it provides for a volunteer to give a volunteer organisation an indemnity against, or to make a contribution to a volunteer organisation in relation to, a liability that—

- (a) the volunteer would incur for his or her negligence but for the operation of subsection (1), and
- (b) the volunteer organisation incurs as a result of its vicarious liability for that negligence.

Note;

Local authority firefighters, Gardaí and Defence Forces personnel are all trained to varying PHECC responder levels. All first aid personnel in industry are PHECC responders at FAR level. The minimum training for all voluntary aid organisations is PHECC responder. Finally, the community first responder groups that support the National Ambulance Service (NAS) for cardiac arrest management are all PHECC responder trained at CFR level.



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