

Medical Advisory Committee
Meeting Minutes
28th May 2020
Online and PHECC offices @ 10:00 am

Video Conference:

David Menzies (Chair)
David Irwin (Vice Chair)
David Hennelly
Cathal O'Donnell
Ian Brennan
Stanley Koe
Shane Mooney
Hillery Collins
Philip Darcy
Martin O'Reilly
Eoghan Connolly
Niamh Collins
Gerard Bury
Macartan Hughes
Jason van der Velde
Mick Molloy

Apologies:

Shane Knox

Non-Attendance:

Lisa Cunningham Guthrie
Mark Dixon
Peter O'Connor

In Attendance:

Richard Lodge, PHECC Director (VC)
Brian Power, PHECC Programme Manager
Ricky Ellis, PHECC Programme Manager (VC)
Brendan Cawley, PHECC Programme Manager
Margaret Bracken, PHECC Committee Officer
Aisling Ryan, PHECC Support Officer

1. Chair's Business

The Chair welcomed everyone to the meeting noting apologies received. He extended his appreciation to members attending via video conference, given the current COVID-19 situation.

SI 177 of 2020 updating of the Seventh Schedule and Pain Management CPGs (Agenda item 3.2) were discussed under Chair's business as a matter of urgency. An update was provided by the Chair. Following four years of interaction with the Medicines, Controlled Drugs and Pharmacy Legislation Unit, Department of Health (DoH), the Seventh Schedule has finally been updated. Unfortunately, a decision was made unilaterally by DoH, without warning to PHECC, to remove paediatric administration of Methoxyflurane and to limit the administration to adults for traumatic pain. This has implications for PHECC CPGs as the legal framework for medication administration by PHECC practitioners, the Seventh Schedule, has been altered. The 2017 CPGs have the legal framework underpinned by SI 300 of 2014 in which Methoxyflurane was listed for paediatric patients. SI 177 of 2020 has amended SI 300 of 2014 therefore the latest version of the Seventh Schedule (2020) applies. An email from DoH advising of this decision was received by PHECC on Wednesday 27th May.

Brian Power relayed that he had an informal discussion with a DoH pharmacist who advised him that the rationale for removing Methoxyflurane and limiting it to adult traumatic pain was that it is only licensed with the HPRA for adult traumatic pain. Several other medications on the Seventh Schedule, such as Midazolam, are not licensed for the use as specified on the Schedule, however, these were not removed nor was any reference made to them. The consequences of this decision were clearly presented to the DoH. The consequence of the Methoxyflurane change to the Seventh Schedule is that the PHECC pain management CPGs are operating outside the legal framework and authorisation to administer Methoxyflurane by PHECC practitioners has been withdrawn for children and also for adults with non-traumatic pain.

A robust discussion followed. The dissatisfaction of the MAC at this decision and the process of decision by the DoH, without prior engagement and consultation with PHECC and stakeholders, was strongly expressed. There was no notice or warning provided and no preparations could be made. Serious concerns were raised that PHECC practitioners are now operating illegally as a result. The PHECC Director informed the meeting that he communicated his concerns to the PO in Acute Hospitals 5, DoH, the section responsible for PHECC, and that he was advised to write to the Minister and the head of the Medicines Section of DoH who is responsible for making decisions regarding medications. The Director expressed his dissatisfaction at this response from DoH, stating that a more acceptable pathway of communication between DoH and PHECC must be set out for the future. Brian Power stated that this is the first time DoH have removed a medication from the Seventh Schedule.

It was stated that Methoxyflurane has been administered in Ireland and other countries for many years with no adverse effects reported. The consensus was that Methoxyflurane is recognised to be a safe and effective analgesic medication for adults and children and it should be fully restored to the Seventh Schedule as a matter of priority. Gerry Bury stated that Methoxyflurane is a very safe and useful medication but it does not alter the fact that it is being used off label. He advised that issues may arise with the use of other medications in an off label manner. He advised that there are other medications currently in the PHECC medication formulary where such an issue could arise. He recommended that the MAC carry out a review of the PHECC medication formulary to identify any variations and explore using evidence-based examination. He advised that PHECC cannot operate outside the legislation.

It was suggested to request audit data from the statutory services on the number of uses of Methoxyflurane and the number of paediatrics administered the medication. David Hennelly, NAS, and Martin O'Reilly, DFB, will forward data to Brian Power. The members were requested to send any evidence-based data on the efficacy and safety of inhaled low-dose Methoxyflurane for acute paediatric pain to Brian Power. Stanley Koe advised of an ongoing multicentred study, involving Ireland and UK, of paediatric Methoxyflurane, and National Children's Hospital Crumlin are involved.

To ensure that all Licensed CPG Providers and PHECC registered practitioners are aware of the legal framework in relation to the administration of Methoxyflurane the following actions were agreed by the Committee:

1. The Chair and PHECC Director to request an urgent meeting with DoH.
2. PHECC to advise all PHECC Licensed CPG Providers and PHECC registered practitioners that, pending consultation with DoH, Methoxyflurane may not be administered to paediatric patients and limited to adult traumatic pain only, with immediate effect.
3. MAC to carry out a full review of PHECC medication formulary in relation to the SPC license for each medication.
4. Brian Power to remove Methoxyflurane from the paediatric pain management CPG and limit its use to traumatic pain on the adult pain management CPG, with immediate effect.

The MAC have identified this situation as extremely urgent. Subsequent to discussion the following two resolutions, in relation to Methoxyflurane, were passed.

Resolution 1: That the Medical Advisory Committee note that Methoxyflurane is recognised to be a safe and effective analgesic medication for adults and children and that the Medical Advisory Committee will work to have it fully restored to the Seventh Schedule as a matter of priority.

Proposed: Hillery Collins

Seconded: Shane Mooney

Carried by a majority. Gerry Bury dissented and requested that this be recorded.

Resolution 2: That the Medical Advisory Committee recommend to Council that due to changes to Methoxyflurane on the Seventh Schedule (SI 177 of 2020) the adult and paediatric Pain Management CPGs, as tabled at the meeting, be approved as a matter of urgency.

Proposed: Niamh Collins

Seconded: Jason van der Velde

Carried without dissent

Due to the urgency of the situation the Chair of Council, the Chair of MAC and the PHECC Director, to approve the updated CPGs with immediate effect.

* Gerry Bury left the meeting.

2. Minutes from January 2020 meeting

The minutes of the meeting held on 30th January 2020 were reviewed and approved.

Resolution: That the Medical Advisory Committee approve the minutes of the meeting held on 30th January 2020.

Proposed: David Irwin

Seconded: David Hennelly

Carried without dissent

2.1 Matters arising

There were no matters arising.

3. CPG Development Process

3.1 Sedation/Analgesia CPGs

David Hennelly provided an overview on Sedation CPGs as included in the meeting papers. Brian Power advised that there is a requirement for this CPG in everyday practice. This was supported by Jason van der Velde who advised that the volume of calls to Medico Cork from practitioners requiring medical assistance regarding sedation is substantial. In answer to a query from Ricky Ellis, Jason confirmed that there is a feedback loop from Medico Cork and that all calls are recorded. The Chair suggested that a feedback loop could be included in the PHECC Governance Validation Framework.

Following discussion, the following amendments were agreed to the Sedation/Analgesia Adult and Paediatric CPGs:

- Title change to 'Procedural Sedation /Analgesia'
- Red info box top left - add 'monitoring' to read "Minimum monitoring equipment standard"
- Add info box - 'Use time to gather additional information'
- Contact Medical Support to become the standard arm with a sub section of Consider Medical Support
- Under sub section add a line – Practitioner on scene privileged to sedate (autonomous practice)
- Change RED box from 'minimum monitors attached' to 'Ensure minimum monitoring and equipment standards where possible or as soon as practicable'

It was agreed that the Chair, David Hennelly, Jason van der Velde and Brian Power will liaise to amend the Procedural Sedation/Analgesia CPGs. Revised draft CPGs will be submitted for further review at the June MAC meeting.

3.2 Pain Management CPGs

The Adult and Paediatric Pain Management CPGs were tabled and discussed under Chair's business.

3.3 Treat and Referral Delphi

At the January MAC meeting it was agreed that a Delphi process be completed to identify appropriate clinical presentations that may benefit from a treat and referral clinical care pathway. Brian Power circulated a Delphi to the members and the results were included in the meeting papers. Brian provided an overview.

Following a review of the Delphi results it was agreed that CPGs with a scoring of over 70% agreement from the members are suitable for development as treat and referral CPGs.

Subsequent to discussion, the following resolution was passed.

Resolution: That the Medical Advisory Committee agree to proceed with development of treat and referral CPGs for Toothache, Hypoglycaemia, Seizure, Pepper (Oleoresin) spray, Minor wounds (not requiring suturing), Non injured following trauma (RTC), Mild bronchospasm (controlled by Salbutamol), Epistaxis (controlled by pressure) and Mild allergy.
Proposed: Mick Molloy **Seconded:** Niamh Collins
 Carried without dissent

3.3.1 Treat and Referral recommendations for consideration by MAC

Recommendations from Brian Power's PhD thesis on treat and referral were included in the meeting papers for consideration of the MAC. The recommendations could form the framework on which future treat and referral CPGs will be developed. Brian relayed that he will be retiring on 30th June 2020 and these recommendations will inform his replacement going forward.

Subsequent to review and discussion, the following resolution was passed.

Resolution: That the Medical Advisory Committee agree the 26 treat and referral recommendations, as included in the meeting papers, as the framework for developing treat and referral CPGs, and commend these to Council for approval.
Proposed: Mick Molloy **Seconded:** Niamh Collins
 Carried without dissent

3.4 CPG Development Matrix 2020

Brian Power briefed the members. The CPG priority matrix was applied to four potential CPGs for development. One potential CPG, trauma assessment in the elderly, met the criteria for immediate development, and the remaining three potential CPGs expand the Paramedic scope of practice to permit laryngoscopy and Magill forceps for FBAO management, a CPG for hyperkalaemia, and a CPG for Rhabdomyolysis following falls, met the criteria for development over the next six months. The detail was included in the meeting papers for information. There was a 40% response rate from MAC members, which was disappointing. It was noted that a higher response rate would be beneficial to assist decision making.

3.5 Sepsis CPGs

Draft updated Sepsis and Septic Shock - Adult and Septic Shock - Paediatric CPGs were included in the meeting papers for review. Brian Power outlined that the CPGs were reviewed by the HSE Sepsis Committee and commended to MAC. A discussion and suggestions from the members followed. The need for a good clinical assessment for vulnerable patients and providing clarity as to what is considered a high temperature was noted. The addition of PPE for all infectious patients and not just meningitis was suggested. It was advised that a stronger presenting complaint was required. It was suggested that the initial box be deleted and that a box outlining consideration of abnormal physiology, source and risk be added. The consensus was that the CPGs need to be more robust. Brian requested that the members forward feedback to him. Following discussion, it was agreed that further review of the Sepsis CPGs is required.

3.6 Emergency Obstetrics CPGs

Brian Power updated the group relaying that the draft Emergency Obstetrics CPGs, as contained in the meeting papers, have gone through a rigorous development process. Following extensive review by the subgroup of MAC consisting of Niamh Collins, Hillery Collins, Martin O'Reilly, Macartan Hughes and Brian Power, and with direct input from a Consultant Obstetrician, two Consultant Neonatologists and a Midwife, the latest drafts of the Emergency Obstetrics CPGs were agreed by Prof Mary Higgins on behalf of the Obstetrics Programme. The Chair thanked and commended everyone involved in drafting the CPGs.

Subsequent to review and discussion, the following resolution was passed.

Resolution: That the Medical Advisory Committee recommend the suite of Emergency Obstetrics CPGs to Council for approval.

Proposed: Mick Molloy

Seconded: Hillery Collins

Carried without dissent

3.7 Poisons -Adult

Brian Power provided an overview. Activated Charcoal has been added to the Draft Poisons – Adult CPGs, as included in the meeting papers. Brian advised that the Seventh Schedule has been updated recently and Activated Charcoal is included therein.

A discussion ensued. Whether there is a requirement for using Activated Charcoal in a pre-hospital environment was questioned and it was noted that it is rarely used in emergency departments. It was suggested that up to date data be sourced on the benefits of Activated Charcoal. Poisons-Adult CPGs with supporting data will be further reviewed at the June MAC meeting. Brian to discuss this issue with Phil Darcy.

4. Clinical Developments

4.1 Update on declined treatment wording

Shane Mooney, as Chair of the Quality and Safety Committee, provided an update. A draft narrative from the Declined Treatment and/or Transport section of the 2017 Field Guide with additional wording from Martin O'Reilly was considered by the Quality and Safety Committee and recommended to the MAC for review. Following discussion at the January MAC meeting amendments were agreed to the wording. Brian Power made the amendments as agreed and legal advice was sought on the wording as recommended by the MAC. Brian presented the legal advice received from PHECC's legal advisors to the members.

A discussion followed. It was advised that a practitioner cannot hand over care of a patient who is refusing treatment and/or transport to a non-healthcare practitioner. The importance of protecting practitioners and patients was noted.

Amended wording was agreed to the Declined Treatment and/or Transport section of the PHECC field guide. The PHECC PCR and PCR Information Standard will be amended accordingly.

Subsequent to review and discussion, the following resolution was passed.

Resolution: That the Medical Advisory Committee agree the following wording for the field guide and other PHECC related material:

"If a patient cannot demonstrate capacity, it is the PHECC practitioner's responsibility to act to protect the safety and welfare of the patient."

Proposed: Shane Mooney

Seconded: Martin O'Reilly

Carried without dissent

5. Clinical Queries

5.1 Paediatric defibrillation

POL036 Pre-Hospital Defibrillation Position Paper and VF or pVGT – Paediatric CPG were included in the meeting papers for review.

A discussion ensued. It was stated that every service and whatever combination of devices that are used should be accommodated in the position paper. It was noted that different device manufacturers recommend different energy levels.

The following amendments were agreed to POL036.

3. Energy

3.1 Replace 150 joules with 120 joules

6. Paediatric Defibrillation

6.1 Add additional text; 'where paediatric defibrillation pads or paediatric energy attenuators are used'

6.2 Add 'while recognising that some manufacturers may have higher adult dose'

6.3 Delete 6.3

8. Add 'Adult' after Cardioversion

8.1 Following 150 add 'joules'

Brian Power will make the amendments as agreed to POL036 Pre-Hospital Defibrillation Position Paper and revised draft will be submitted for further review at the June MAC meeting.

6. Correspondence

6.1 Medications and Pregnancy Identification on CPGs

At the January MAC meeting correspondence from a PHECC practitioner with a suggestion pertaining to the safe use of medications for use during pregnancy, for the upcoming update of the PHECC CPGs and field guide, was discussed. The practitioner suggested that a Traffic Light System for safety with medications is highlighted on the CPGs beside each reference where a medication is indicated, and also on each page of

the medication formulary and the field guide. Following review by the MAC it was suggested that instead of a colour code, which may pose a risk to those with colour blindness, a symbol could be considered. It was agreed, at that meeting, to do a mock-up CPG highlighting medications that may be contraindicated during pregnancy.

Brian Power provided an update. Two examples of the Allergic Reaction/Anaphylaxis – Adult CPG showing a pregnancy emoji were provided in the meeting papers for consideration, one with a single emoji for the CPG and the second with the emoji attached to each relevant medication within the CPG. Following discussion, it was agreed to look at different design options. The members will forward ideas to Brian for consideration at the June MAC meeting.

7. MAC Strategy 2017-2020

7.1 Community Paramedic (CP)

Hillery Collins, Chair of the CP subgroup, updated that the subgroup with the assistance of Brian Power are progressing with the Community Paramedic report. It was suggested that the subgroup convene a meeting via video conference and an invitation to join the meeting was extended to the members. An update will be provided at the June MAC meeting.

7.2 Critical Care Paramedic (CCP)

Ian Brennan, Chair of the CCP subgroup, provided an update. The next stage is to progress with a CCP standard document and CPGs. Ian suggested that the subgroup re-convene, and he extended an invitation to the members to join the meeting. It is anticipated that a standard document will be finalised by the end of 2020. An update will be provided at the June MAC meeting.

8. Clinical Practice at Events

9. External communications, consultation, feedback

There was no update for these agenda items.

10. AOB

The Chair conveyed to the group that Brian Power will be retiring on 30th June 2020. The June MAC meeting will be his last meeting.

There being no other business the meeting concluded at 13:35pm approximately.

The Chair thanked all present for their attendance.

The next MAC meeting will be held via video conference at 10:00am on Thursday 25th June 2020.

Signature: _____

Chair



Date: _____

25.6.20