Medical Advisory Committee

Meeting Minutes

7th March 2019, PHECC office @ 10:00am

Pre-Hospital Emergency Care Council

Present
David Menzies (Chair) (part meeting)
David Irwin (Vice Chair)
David Hennelly
Philip Darcy
Ian Brennan
Shane Mooney
Stanley Koe
Martin O'Reilly
Hillery Collins
Eoghan Connolly
Niamh Collins
Macartan Hughes

Teleconference:
Jason van der Velde
Mick Molloy

Apologies
Shane Knox
Peter O'Connor
Lisa Cunningham Guthrie
Cathal O'Donnell
Mark Dixon

Absent
Gerard Bury

In attendance
Ricky Ellis, PHECC PDO
Brian Power, PHECC PDO (part meeting via t/c)
Margaret Bracken, PHECC Support Officer
Aisling Ryan, PHECC Support Officer

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1. Chair's Business

The meeting was chaired by arrangement by the Vice Chair until relieved by the Chair. The Chair attended a portion of the meeting via teleconference. Mick Molloy and Jason van der Velde attended via teleconference. Brian Power was called at short notice to attend a Brexit meeting in the Department of Health. Ricky Ellis received an update from Brian Power regarding the items of note and facilitated the meeting accordingly. Brian also attended via teleconference for part the meeting. Apologies were noted.

	Absent for agenda Item
David Menzies (Chair)	1, 2, 3, 6.4, 6.6, 6.7, 6.8 and 7.1
Brian Power (PHECC PDO)	5, 6.1, 6.2, 6.3 and 6.4

2. Minutes from November 2018 meeting

The minutes of the meeting held on 29th November 2018 were reviewed and agreed by the members.

Resolution: That the Medical Advisory Committee approve the minutes of the meeting held on 29th November 2018.

Proposed: Hillery Collins **Seconded: David Hennelly**
Carried without dissent

2.1 Matters Arising

Niamh Collins requested, to the agreement of the members, that the minutes be recorded in a more concise manner.

3. Clinical Queries

3.1 Complex fracture management – C O'Donnell

Cathal O'Donnell, who conveyed his apologies for the meeting, submitted a request to consider the administration of antibiotics as part of the AP care bundle for open fractures. He referenced the NICE Guideline NG37; Fractures (complex): assessment and management; methods, evidence and recommendations, February 2016. Brian Power extracted all information relevant to pre-hospital emergency care from the NICE Guideline NG37 and produced a paper outlining care management principles for pre-hospital fracture care, including the NICE guideline recommendations and quality of evidence, for consideration by the MAC. This summary document was presented to the MAC with a request to adopt the recommendations as principles of care for fractures for the pre-hospital emergency setting.

A discussion was had which involved; long journey times, antibiotics in early management for open fractures, requirements for medications to be added to the seventh schedule, and linkage with the trauma clinical care programme.

It was proposed to accept the NICE guideline on complex fracture management in principle and adapt as appropriate to the pre-hospital emergency care practice. Consensus was reached that it would be beneficial for Cathal O'Donnell to present at a future MAC meeting on this complex issue.

Resolution: That the Medical Advisory Committee agree, in principle, to adopt the pre-hospital recommendations of the NICE Guideline on Fractures (complex): Assessment and Management, as presented, as a framework for developing trauma CPGs going forward.

Proposed: Macartan Hughes **Seconded: David Hennelly**
Carried without dissent

3.2 Naloxone maximum – M O'Reilly

Email correspondence was included in the meeting papers from Martin O'Reilly in relation to a query he received relating to the maximum dose of Naloxone, post administration of Naloxone by personnel from a listed organisation (SI 449 of 2015). Listed organisations currently carry a minijet of Naloxone and soon will have access to an intranasal spray. A discussion of the matter was had, and Martin O'Reilly provided the relevant background information on the query.

The members agreed that further doses of Naloxone may be administered, keeping in mind other possible causes and differentials when managing a patient who is not responsive to Naloxone administration, other than opiate use. Following discussion, the MAC agree that PHECC practitioners may consider administering further doses of Naloxone if Naloxone has been administered prior to arrival. It was agreed that Brian Power will update the medication formulary, field guide and field guide app with a single sentence to reflect this decision. A requirement for an education piece and practitioner training was noted.

Resolution: That the Medical Advisory Committee agree that PHECC practitioners may consider administering further doses of Naloxone if Naloxone has been administered prior to arrival.

Proposed: Philip Darcy **Seconded: Ian Brennan**
Carried without dissent

4. Correspondence

4.1 Dates for MAC meetings – N. Collins

The members discussed dates for MAC meetings going forward. It was agreed that MAC meetings will be scheduled bimonthly on the last Thursday of the month. It was noted that the meeting dates for 2019 are on the PHECC website. An additional meeting on Thursday 30th May in the PHECC office was agreed. Members will be circulated a revised schedule of dates.

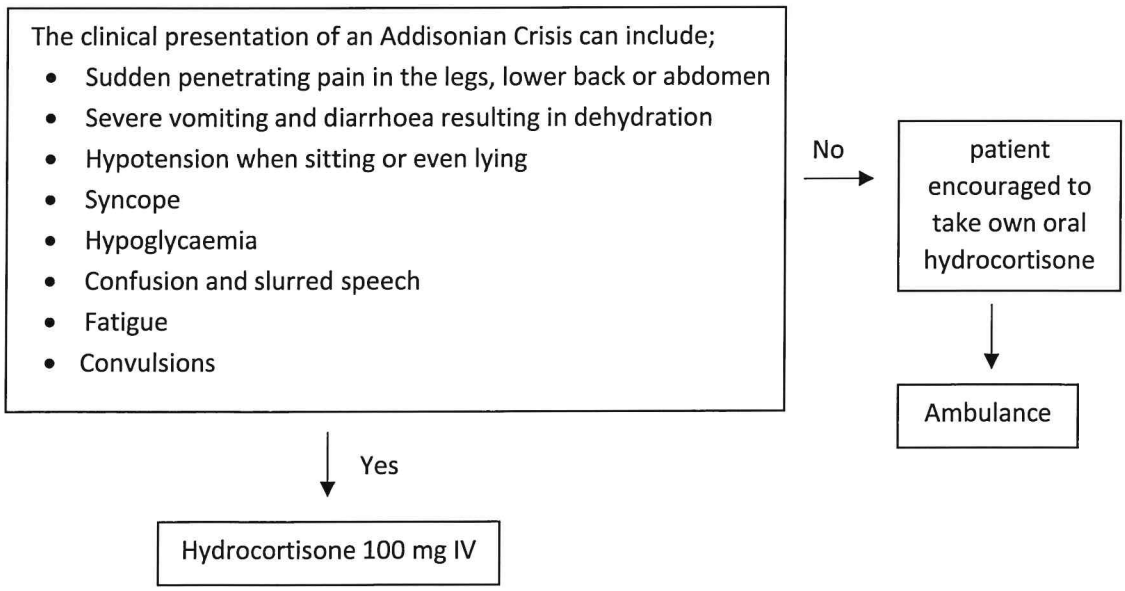
4.2 Adrenal Crisis

An email was contained in the meeting papers which was received via NAS from a member of the public regarding the management of patients experiencing adrenal insufficiency. It included advice and a Hydrocortisone emergency factsheet for ambulance personnel from the Pituitary Foundation UK. CPG 5/6.4.13 Adrenal Insufficiency - Adult and CPG 5/6.7.30 Adrenal Insufficiency - Paediatric were also included in the papers to facilitate discussion.

Following discussion amendments to CPG 5/6.4.13 Adrenal Insufficiency - Adult were agreed.

The clinical presentations listed in the Pituitary Foundation UK Hydrocortisone emergency factsheet are to be added to CPG 5/6.4.13 Adrenal Insufficiency - Adult.

Add new box after 'check blood glucose' as follows:



Stanley Koe expressed concern regarding CPG 5/6.7.30 Adrenal Insufficiency - Paediatric in relation to the dose of 50 mg Hydrocortisone IV/IM for 6-month olds. He stated that he will carry out a review on this dose for discussion at the next MAC meeting. The paediatric CPG may need to be redrafted as a matter of urgency based on this review.

Brian Power will amend CPG 5/6.4.13 Adrenal Insufficiency - Adult as agreed by the members and revised and amended draft CPG will be included for consideration at a future MAC meeting. Niamh Collins and Brian Power will draft a letter of response to the member of the public addressing the concerns raised.

5. MAC Strategy 2017-2020

5.1 Strategic Development Committees

A brief update was provided by the Chairs of the Strategic Development Committees. The rate of progress varies due to the large volume of work involved in each area.
Treat and Refer: Ricky Ellis informed the group that Brian Power is conducting further research with GPs and will revert accordingly.
Critical Care Paramedic: Ian Brennan reported no significant update at this time.
Community Paramedic: Hillery Collins reported that Brian Power and Cathal O'Donnell are currently identifying medications for inclusion on the seventh schedule update submission.

5.2 Definition of pre-hospital emergency care

An initial draft of definitions of pre-hospital emergency care for practitioner and responder was developed by Brian Power for discussion. Following a discussion, it was identified that the document is more descriptive of PHECC pre-hospital emergency qualifications and not definitive of pre-hospital emergency care. Jason van der Velde suggested widening the scope to include all aspects of pre-hospital emergency care including medications and equipment etc. Jason referred to his paper on clinical definitions which was discussed at a previous MAC meeting. It was agreed that both Jason's paper on clinical definitions and Brian's draft document on definitions of pre-hospital emergency care, be merged and discussed at a future MAC meeting.

6. Clinical Developments

6.1 EFR add-on for Mountain Rescue

The Chair provided the background. At the November 2018 MAC meeting Mountain Rescue Ireland outlined a proposal where they requested that consideration be given by PHECC to enhance the scope of practice for EFRs when providing care on behalf of a mountain rescue team. A draft paper which proposed a PHECC solution to the MRI request was included in the meeting papers for discussion.

Options were discussed by the members. A subdivision on the EMT register below EMT which does not dilute EMT standing, or a new division on the register combining EFR BTEC and medications for listed organisations, were suggested. Primary legislation and regulation were discussed. It was advised that a new division or subdivision on the PHECC register would require a new skill set and CPGs. It was suggested to add Methoxyflurane to medications for listed organisations.

Following discussion and concerns raised it was agreed that Brian Power will redraft the potential PHECC response to the MRI request as presented and will submit a selection of options for further discussion at a future MAC meeting.

6.2 CPP – IO access & analgesia

Ricky Ellis highlighted the changes to CPG 4/5/6.2.6 Pain Management - Adult and CPG 4/5/6.7.5 Pain Management – Paediatric and the clinical practice procedure, which were agreed at the November MAC meeting. Some further amendments were suggested and agreed by the members.

CPG 4/5/6.2.6 Pain Management - Adult and CPG 4/5/6.7.5 Pain Management – Paediatric

- Delete 'but not both' to read 'Following Fentanyl IN the next dose may be either Fentanyl IV or Morphine IV'.

- 'IO Access & Analgesia' separate into three boxes as follows:

  Box 1: Lidocaine 1%, 40 mg IO
  2nd dose, 20 mg Lidocaine 1%, over 1 minute; (delete prn)

  Box 2: Infuse 20 mg Lidocaine 1%, over 2 minutes, following IO needle insertion

  Box 3: supplementary dose x 1 prn (no sooner than 45 mins)

CPG 4/5/6.2.6 Pain Management – Adult

- Severe pain: Add 'And/or' to read 'Fentanyl 0.05 mg IV' And/or 'Morphine 4 mg IV'

Clinical Practice Procedure:
Process; after 'Clean site' delete 'with alcohol swab'

Brian Power to amend the CPGs and clinical practice procedure as agreed. Revised and amended drafts to be included at a future MAC meeting.

6.3 Subgroup report – Sedation

A report with proposals from the MAC pre-hospital sedation subgroup was included in the meeting papers for discussion. David Hennelly thanked Ray Carney for his assistance in drafting the material into the PHECC format. David presented the work and outlined proposals. Following extensive discussion David was tasked by the MAC to further develop the suite of CPGs covering prehospital sedation. The draft sedation CPGs will be presented to the MAC for approval by the end of June 2019 for inclusion in the next suite of CPGs to be published in 2020. Consideration to be given to the sedated patient versus the agitated patient who requires intubation. It was agreed that medications relevant to sedation in pacing requires further attention.

The report was set out in sections as follows:

- Depth of sedation and definitions;

Definitions on sedation used by the American Society of Anaesthesiologists (ASA) were presented in the report.

Resolution: That the Medical Advisory Committee agree that the American Society of Anaesthesiologists (ASA) descriptors of sedation will be used in PHECC CPGs and Education and Training Standards.

Proposed: David Hennelly **Seconded: Shane Mooney**
Carried without dissent

- Sedation Assessment Tools;

The Richmond Agitation-Sedation Scale (RASS) was set out in the report as the preferred sedation assessment tool. The members agreed that the RASS is the favoured sedation assessment tool.

Resolution: That the Medical Advisory Committee agree that the Richmond Agitation-Sedation Scale (RASS) shall be the standard Sedation Assessment tool for future PHECC CPGs and Education and Training Standards.

Proposed: David Hennelly **Seconded: Jason van der Velde**
Carried without dissent

- Requirements for sedation;

The draft minimal requirements for safe sedation practice in the pre-hospital setting were set out in the report. David Hennelly informed the members that this piece of work is not complete. He proposed that he continue to work towards a defined minimum standard for further discussion by the MAC. The members agreed.

- Section 1 Post-Intubation Sedation;

A draft post-intubation sedation CPG was presented in the report. The aim of the CPG is to optimise the post-intubation treatment of critically ill patients in terms of adequate analgesia and appropriate sedation. Draft CPG 5/6.4.7 Post-Resuscitation Care – Adult and draft CPG 5/6.3.1 Advanced Airway Management – Adult were also included in the meeting papers for information. It was suggested to consider including Co-phenylcaine nasal spray on the seventh schedule.

- Section 2 Procedural Sedation – Trauma
- Section 3 Procedural Sedation – Medical

Draft CPGs for Procedural Sedation – Trauma and Procedural Sedation – Medical were presented. The members agreed that these draft CPGs be progressed for advanced paramedics using the RASS score. The MAC tasked David Hennelly to refine and redraft the post-intubation sedation CPGs as presented for patients who have been intubated and require sedation or patients who require procedural sedation for intubation. The draft CPG(s) will be presented for further review at a future MAC meeting.

Resolution: That the Medical Advisory Committee agree to progress CPGs Procedural Sedation - Trauma and Procedural Sedation – Medical, defined with the RASS score, and this will most likely be available for all APs.

Proposed: David Hennelly **Seconded: Shane Mooney**
Carried without dissent

- Section 4 Sedation and ongoing management of Traumatic Brain Injury
- Section 5 Sedation in Acute Behavioural Emergencies

Draft CPGs for suspected traumatic brain injury and agitation were presented. The members agreed that consideration be given to these CPGs under high end critical care. The importance of practitioner training was stressed.

6.4 Concussion

There was no update for this agenda item.

6.5 Emergency Obstetrics CPGs

At the November 2018 MAC meeting Niamh Collins agreed to take the lead on a review of the Emergency Obstetrics CPGs. Hillery Collins, Martin O'Reilly, Macartan Hughes and Brian Power agreed to join this subgroup. Brian Power informed the members that a meeting of the subgroup has not yet convened. Niamh Collins updated the group informing them that she has contacted Dr Jennifer Donnelly of the Rotunda Hospital who is available to meet with the subgroup, and a meeting is being arranged. Prof Mary Higgins, UCD Obstetrics and Gynaecology, is unavailable to attend the meeting. Martin O'Reilly, Brian Power and Niamh Collins will meet with Dr Donnelly.

Agenda items 6.6 to 6.8

Brian Power provided an overview. At a recent paediatric pre-hospital Grand Rounds in Our Lady's Hospital for Sick Children recommendations were made in relation to pre-hospital scope of practice. The recommendations were included in the meeting papers.

6.6 Epinephrine Nebs for Paramedic scope of practice

Extending Epinephrine Nebulisation into the paramedic scope of practice was discussed. It was noted that paramedics are trained to use a nebuliser. Stanley Koe stated that if croup is identified in paediatric patients, there is no reason why paramedics cannot administer Epinephrine, as it is perfectly safe to administer with minimal risk involved.

The members agreed that the paramedic CPG be redrafted to include Epinephrine Nebulisation. Brian Power will amend the CPG as agreed by the members and a revised and amended draft CPG will be included for consideration at a future MAC meeting.

Resolution: That the Medical Advisory Committee recommend to Council to extend Epinephrine Nebulisation into the paramedic scope of practice.

Proposed: Stanley Koe **Seconded: Eoghan Connolly**
Carried without dissent

6.7 Dexamethasone for Croup

Introducing Dexamethasone for pre-hospital croup management was discussed. Stanley Koe stated that a child diagnosed with croup should be administered Dexamethasone. He advised that the difficulty often lies with determining the correct dosage to administer. He noted that the current dose in the PHECC CPGs is 0.15 mg/kg which has been shown to be effective with minimal risks or side effects.

Resolution: That the Medical Advisory Committee recommend to Council to include Dexamethasone for croup into the advanced paramedic and paramedic scope of practice.

Proposed: Stanley Koe **Seconded: Eoghan Connolly**
Carried without dissent

6.8 Consideration of C-Circuit introduction

Consideration to the introduction of a C-Circuit for ventilation of paediatric patients was discussed. David Hennelly stated that the Mapleson C System is another method used to ventilate patients and the licensed CPG providers may decide to adopt this system and provide the necessary training. A concern was raised regarding the implications for O_2 depletion. The members agreed to consider adding the Mapleson C system to the skills matrix for future editions of CPGs.

It was noted in discussions that Ondansetron PO for paediatrics is not on the seventh schedule and the current route is IM/IV only. Eoghan Connolly noted that there is no CPG for significant nausea/vomiting for paediatrics. It was agreed to introduce oral antiemetics to the advanced paramedic and paramedic scope of practice and review the management of severe nausea/vomiting in paediatrics.

Resolution: That the Medical Advisory Committee recommend to Council to introduce oral antiemetics to the advanced paramedic and paramedic scope of practice.

Proposed: Stanley Koe **Seconded: Eoghan Connolly**
Carried without dissent

6.9 Stroke care

Ricky Ellis provided an update. Brian Power met with the stroke clinical programme on 18th February 2019 and provided an overview of PHECC, its role and functions. The 4.5-hour timeframe for urgent stroke care on the PHECC CPG and the travel times to the thrombectomy centre or nearest stroke centre was discussed. It was highlighted that an extension to the timeframe is being considered for up to 12 hours from the time the patient was last well to maximise outcomes.

Where to transport the patient, either to the nearest hospital which may or may not be set up for thrombolysis and thrombectomy, or to the nearest stroke centre, and the implications was discussed. It was agreed that the stroke CPGs be amended to reflect any new timeframes and to include transport to the nearest appropriate destination. It was noted that the priority dispatch codes will need to be realigned and it was suggested to work towards a stroke screening tool. Brian Power will amend the stroke CPGs following discussions with the Stroke Clinical Programme and they will be included for consideration at a future MAC meeting.

7. CPG Development Process

7.1 Naloxone update

Revised and amended draft CPGs 6.4.22 Poisons – Adult, 4/5.4.22 Poisons – Adult, and 1.3.6 Listed Organisations and Naloxone (adult), were included in the meeting papers. Brian Power highlighted the changes. Following discussion further amendments were agreed by the members. Brian Power will make the amendments as agreed.

CPG 6.4.22 Poisons – Adult
Naloxone dose: remove 'to max cumulative dose of 2 mg' to read 'Repeat prn'

CPG 1.3.6 Listed Organisations and Naloxone (adult)
Intramuscular (IM) Route: close bracket

There are no changes to CPG 4/5.4.22 Poisons – Adult.

Resolution: That the Medical Advisory Committee recommend CPG 6.4.22, CPG 4/5.4.22 Poisons – Adult, and CPG 1.3.6 Listed Organisations and Naloxone (adult), to Council for approval subject to the changes agreed.

Proposed: Shane Mooney **Seconded: Hillery Collins**
Carried without dissent

7.2 Core and non-core CPGs

At the November 2018 MAC meeting it was agreed that Ricky Ellis begin the process of capturing the views of the MAC regarding core and non-core CPGs and identifying elements in specific CPGs that may be discretionary in implementation. MAC recommended the completion of an initial electronic survey. Ricky advised that a MAC categorisation of CPGs survey was circulated to MAC members and not all members responded. The results of the initial survey were tabled at the meeting and supplied to the members. Following discussion, it was agreed that further information is required. Ricky Ellis was directed to resurvey people who identified CPGs as non-core or identified a discretionary element. The results of the survey will be submitted and will inform further discussion at a future MAC meeting.

7.3 Tachycardia CPG

David Irwin presented revised versions of Tachycardia CPGs which were included in the meeting papers. It was noted that oral and IV beta blockers are not on the seventh schedule and this requires further discussion. It was agreed that David Irwin will present evidence of symptomatic Afib in the pre-hospital setting at the next MAC meeting. Brian Power was tasked to draft PHECC style CPGs based on the revised version of Tachycardia CPGs presented in the meeting papers.

8. Clinical Practice at Events

8.1 Clinical Care at Events Subcommittee

Mick Molloy updated the members. He expressed thanks to David O'Sullivan for submitting documents to the subcommittee for information.

9. External communications, consultation, feedback

9.1 Tenth Schedule update

Brian Power provided an update. He informed the members that the Department of Health have included IN Naloxone on the tenth schedule. He advised that despite the request to also include Methoxyflurane and O_2 on the tenth schedule this has not occurred. Brian also advised that he has had multiple engagements with the Medicines Section in an attempt to update the Seventh Schedule. He provided a

comprehensive literature review, following a request for same, to the Medicines Section in support of the update request. The last update of the Seventh Schedule was in 2014 under SI 300 of 2014. The members discussed, and the consensus was that there is a clinical need to include Methoxyflurane on the tenth schedule. It was agreed that Council should request a formal engagement with the Medications Section of the DoH to resolve this difficulty.

A full review of the tenth schedule by the MAC was suggested. The Chair requested Brian Power to circulate the tenth schedule to the members and invite suggestions for further discussion.

Resolution: That the Medical Advisory Committee recommend that Council agree a mandate for the executive to engage with the Medicines Section of the Department of Health to develop and agree a process for updating the Seventh and the Tenth Schedules.

Proposed: Shane Mooney **Seconded: Philip Darcy**
Carried without dissent

10. AOB

There being no other business the meeting concluded at 15:30 approximately. The next meeting of the Committee will be at 10:00am in the PHECC office on Thursday 25th April 2019.

Signed: **Chair** **Date:** 20th May 2019