Medical Advisory Committee
Meeting Minutes
26th September 2019, PHECC office @ 10:00am

Present
David Menzies (Chair)
David Irwin (Vice Chair)
Philip Darcy
Martin O'Reilly
Eoghan Connolly
Niamh Collins
Peter O'Connor
Jason van der Velde (absent for agenda items 6.2, 6.3, 7.9 & 10)
Gerard Bury
Shane Mooney
Macartan Hughes
Cathal O'Donnell
Hillery Collins
David Hennelly

Apologies
Stanley Koe
Shane Knox
Lisa Cunningham Guthrie
Ian Brennan
Mick Molloy

In attendance
Brian Power, PHECC PDO
Ricky Ellis, PHECC PDO (absent for agenda items 6.3, 7.9 & 10)
Margaret Bracken, PHECC Committee Officer

Teleconference:
Mark Dixon (present for agenda items 1, 2, 4.1 & 4.2)

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1. Chair's Business

The Chair welcomed the members. Apologies were noted. Condolences were expressed to Ricky Ellis, PHECC Programme Development Officer, on the death of his brother Tony.

2. Minutes from April 2019 meeting

The minutes of the meeting held on 27th June were reviewed. Some amendments were agreed by the members.

- Deidentify names where appropriate.
- Agenda item 5.1: Amend 'discussion document' to 'advocacy document';
  "Professor Bury stressed that the role of PHECC is to protect the public and he suggested the document be considered as an advocacy document and be circulated for consultation and exploration at a wider level before being developed as a standard."
- Agenda item 6.3: Delete the paragraph relating to Midazolam and Naloxone.

Resolution: That the Medical Advisory Committee approve the minutes of the meeting held on 27th June 2019, subject to the agreed amendments.

Proposed: Philip Darcy **Seconded: Hillery Collins**
Carried without dissent

2.1 Matters arising

The members discussed how much information should be recorded in minutes. Recording outcomes and action items only was suggested. The Chair advised that some detail of the discussions needs to be recorded in order to provide clarity and context. It was agreed to depersonalise minutes unless a member specifically requests to be referenced.

The large volume of documentation included in meeting papers and supporting material was noted.

3. Clinical Queries

3.1 Repeat dose of Fentanyl

Draft CPGs 4/5/6.2.6 Pain Management – Adult and 4/5/6.7.5 Pain Management – Paediatric, with the addition of a repeat dose of Fentanyl IV, were included in the meeting papers and discussed. It was questioned if there is any data available or evidence to support remedicating patients after the initial dose had reached sub therapeutic levels. The consensus was that further exploration on the management of analgesia is required. The format of the pain management CPGs was discussed and a less algorithmic style to the CPGs was suggested. It was stated that practitioners are required to make pain more tolerable for patients and not necessarily to alleviate pain totally.

It was agreed that the current pain management CPGs remain with a single dose of Fentanyl IV. It was agreed to consult with HSE Medico Cork before making recommendations for amendments to these CPGs. It was agreed that there is a requirement for further discussion and research on pain management for all practitioner levels. It was proposed and agreed that a working group be formed to produce a position statement on pre-hospital analgesia similar to the spinal injuries position statement, at all practitioner levels, and to reconsider the format of the pain management CPGs. The Chair sought nominees for the working group. David Irwin was nominated as Chair of the working group. Hillery Collins, Jason van der Velde and Brian Power agreed to be part of the working group.

Resolution: That the Medical Advisory Committee agree that a working group be formed, chaired by David Irwin, to produce a position statement on prehospital analgesia to include evidence based practice, Medico Cork data, and any recommendations regarding changes to CPGs, at all practitioner levels.

Proposed: Hillery Collins **Seconded: Jason van der Velde**
Carried without dissent

4. Correspondence

4.1 Ketone testing

Correspondence from an AP relating to the Glycaemic Emergency CPGs with regard to the addition of Point of Care Ketone testing was included in the meeting papers. The proposal, for consideration of the MAC, is to include Ketone testing in the scope of practice for practitioners to help in the treatment of hyperglycaemic patients, specifically identifying those suffering from Diabetic Ketoacidosis, to allow earlier treatment. The rationale with reference list was included as supporting material.

A discussion ensued. It was recommended that Ketone testing be included as it is widely used by patients. It was agreed to add 'Consider Ketone measurement' as a non-core element to the Glycaemic Emergency

Adult and Paediatric CPGs. Brian Power was instructed to amend the CPGs as agreed and add Ketone testing to the medications and skills matrix. He was also directed to communicate this to the Chair of the Education and Standards Committee and to the correspondent.

The MAC recommend CPG 4/5/6.4.19 Glycaemic Emergency – Adult and CPG 4/5/6.7.32 Glycaemic Emergency – Paediatric to Council for approval subject to the change agreed.

Resolution: That the Medical Advisory Committee agree to add Ketone measurement to the adult and paediatric Glycaemic Emergency CPGs and recommend their approval to Council.

Proposed: Eoghan Connolly **Seconded: Shane Mooney**
Carried without dissent

4.2 Pelvic binder and traction splint

Correspondence from a practitioner relating to pelvic binder and traction splint was included in the meeting papers. Currently, if paramedics and advanced paramedics are treating a patient with suspected pelvic ring injuries and a femur fracture, the traction splint cannot be applied to the patients' femur if the pelvic binder is in place or going to be fitted. If the traction splint is fitted, it will interfere with the correct positioning of a pelvic binder afterwards or will displace an already fitted pelvic binder. Current best practice from the UK recommends that patients with pelvic ring injuries should have concurrent mid shaft femur fractures reduced and splinted also. Current PHECC CPGs contraindicate application of a traction splint if there is a suspected pelvic fracture, however this does not specify hemodynamic status of patients or importance of haemorrhage control for mid shaft femur fracture in conjunction with other haemorrhage sources.

It was stated that PHECC do not advocate the use of a specific brand of traction splint which is a decision for each licensed CPG provider. Following discussion it was agreed to remove the contraindications for application of traction splint from the Adult and Paediatric Limb Injury CPGs and to consider clinical presentation. Brian Power will amend the CPGs accordingly – refer to agenda item 7.2 fracture management.

* Mark Dixon left the meeting

4.3 Child protection terminology for CPGs

Correspondence from a tutor with Dublin Fire Brigade with a proposal for consideration of the MAC was included in the meeting papers. DFB have recently completed child protection training with Barnardos/DCC. It is suggested that the wording of CPGs 4/5/6.7.1, 4/5/6.7.2 and 4/5/6.7.4, may benefit from being amended to better reflect the new guidelines/legislation. It is proposed that, with reference to reporting findings, "Line Manager" be replaced with "Designated Liaison Person" or "Designated Child Protection Liaison Person". This change is suggested in order to maintain privacy of extremely confidential information and to ensure that only the relevant person (the DLP) is informed for the purpose of making joint mandated reports to Tusla.

CPGs 4/5/6.7.1 Primary Survey Medical – Paediatric (≤ 15 Years), 4/5/6.7.2 Primary Survey Trauma – Paediatric (≤ 15 years), and 4/5/6.7.4 Secondary Survey – Paediatric (≤ 15 years), were included in the

meeting papers. The members discussed patient confidentiality and legal obligations. Amendments were agreed to the CPGs.

- Special Instructions box; 'Report findings as per Children First guidelines to ED staff and line manager in a confidential manner ' to be amended to 'Report findings as per Children First Act 2015 to ED staff and Tusla in a confidential manner'.
- Add new box with mandatory requirements under the Children First Act 2015.

Brian Power will amend the CPGs accordingly. The MAC recommend revised amended CPGs to Council for approval subject to changes agreed.

Resolution: That the Medical Advisory Committee agree the changes to the paediatric CPGs in line with the Children First Act 2015 requirements and recommend their approval to Council.

Proposed: Martin O'Reilly **Seconded: Peter O'Connor**
Carried without dissent

5. MAC Strategy 2017-2020

5.1 Pre-hospital emergency care practice for Ireland

Following discussion at the June MAC meeting Brian Power made the agreed amendments to the draft document 'Pre-hospital emergency care practice for Ireland'. Revised and amended draft document was included in the meeting papers for further review. Jason van der Velde provided an overview and a discussion ensued. The purpose of the document was questioned as to whether it is intended as a standard or an advocacy document. The Chair advised that it is a draft discussion document for consideration of Council on the development of a standard for pre-hospital emergency care nomenclature for Ireland. It was stated that the aim of the document is to advocate for an appropriate standard of care at events and describe current and aspirational clinical levels of care.

The members reviewed some of the document and further amendments were agreed.

Heading
Amend to; 'Draft Discussion document for consideration by Council on the development of a standard for pre-hospital emergency care nomenclature for Ireland.'

1. Purpose
Amend to; 'This document aims to describe current and aspirational pre-hospital emergency care clinical levels and nomenclature in Ireland in order to inform Council.'

2. Introduction
- First line; add 'current and aspirational' after 'describe'
- Second paragraph - third sentence - amend to; '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.'
- Third paragraph - amend to; '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;'

3. Pre-hospital emergency care definition

- First paragraph – second sentence - amend to; 'It also incorporates the monitoring and/or care of unscheduled and undifferentiated patients, and/or their conveyance to or from a clinical facility.'
- Change order of definitions as follows;
  (i) Responders
  (ii) Dispatchers Responders/Practitioners
  (iii) PHECC Practitioners
  - Add the word 'process' following 'fitness to practice'
  (iv) Practitioners other than PHECC Practitioners

4. Clinical Scope (new title to be decided)

- At the end of the first sentence amend 'certificate is maintained in date' to 'certificate remains current'. Delete the remainder of the paragraph.
- 4.1 Bystander Support (BS) - amend to; 'The ability to provide immediate support to a patient without prior training, access to any equipment or medications. Any person can provide BS, this could simply be a bystander on scene or providing care via telephone advice'.
- Switch 4.2 First Aid Support (FAS) and 4.3 Basic Life Support (BLS).
- 4.2 Basic Life Support (BLS) – amend to; 'training first and then access to a defibrillator'
- 4.3 First Aid Support (FAS); delete 'appropriately' before 'trained person' and add 'PHECC' before 'minimum level of training'.
- 4.4, 4.5 and 4.6: add 'care' in front of 'Emergency Medical Technician', 'Paramedic', and 'Advanced Paramedic'.
- 4.7; replace 'neuroprotective anaesthetic' with 'anaesthesia'; delete 'continuous' before 'inotropic support'; delete 'to the IBTPHEM Standard' at the end of the sentence.

  'Critical Care Support (CCS) incorporates all four components of training, registration/privileging, equipment (including monitoring), and medications required to initiate and maintain a pre-hospital anaesthesia, invasive ventilatory support and inotropic support.'

Brian Power will make the amendments as agreed. A revised draft discussion document will be included for further review at the November MAC meeting.

5.2 Update on practice subgroups

5.2.1 Critical Care Paramedic

5.2.2 Community Paramedic

5.2.3 Treat and Referral

Deferred to the November MAC meeting.

6. Clinical Developments

6.1 Ambulance pre-alert policy

Following discussion at the June MAC meeting the National Pre-alert Guidelines were approved for submission to the Emergency Medicine Programme (EMP), subject to changes agreed. Revised Guidelines, as submitted to and approved by the EMP, was included in the meeting papers. Brian Power noted that, following approval from Council, all Emergency Departments will be following these Guidelines.

The Chair suggested that the purpose of the document be included. Following discussion suggestions were made and further amendments were agreed.

- Add the purpose of the document; 'The following presentations should normally trigger a pre-alert and AISICE message to the receiving Emergency Department'.
- Specific Clinical Conditions;
  - Delete 'Severe' before 'sepsis'
  - Add 'Neck of femur fracture (where local pathways are in place)'
  - Add 'Protocol 37 where the destination is the Emergency Department'

Resolution: That the Medical Advisory Committee recommend National Pre-alert Guidelines to Council for approval, subject to the changes agreed.

Proposed: Eoghan Connolly **Seconded: Jason van der Velde**
Carried without dissent

6.2 Taxonomy for pre-hospital emergency care CPGs*

A Taxonomy of PHECC clinical practice guidelines, based on an Australian academic study on taxonomy, was included in the meeting papers. Brian Power provided an overview. The members agreed to adopt this format as an appropriate way of configuring PHECC CPGs going forward. The benefit of a separate section for paediatric CPGs was noted as there are different treatment regimens for paediatrics.

Resolution: That the Medical Advisory Committee approve the presented Taxonomy for pre-hospital emergency care Clinical Practice Guidelines.

Proposed: Peter O'Connor **Seconded: David Hennelly**
Carried without dissent

6.3 Scope of practice for FAR

A Scope of Practice for FAR position paper was included in the meeting papers. Brian Power provided an overview. The FAR course is now the standard of first aid for work for the Health and Safety Authority. PHECC continues to receive many email and telephone queries from organisations in relation to the scope of practice of their first aiders. In discussions with the HSA this issue was identified, and they have sought assistance from PHECC in outlining what the scope of practice is in relation to organisation's first aiders. The position paper will give guidance to organisations and will help to reduce queries of this nature. It was agreed to recommend the Scope of Practice for FAR position statement to Council for deliberation and guidance.

7. CPG Development Process

7.1 Non-core changes

7.1.1 VF or pVT - Adult
7.1.2 Pulseless Electrical Activity - Adult
7.1.3 Asystole Adult
7.1.4 Hypothermia
7.1.5 External Haemorrhage – Adult
7.1.6 External haemorrhage – Paediatric

Following discussion at the June MAC meeting amendments were agreed to CPGs with non-core elements. The MAC recommended Core, Core with non-core elements, and Non-core CPGs, to Council for approval, subject to the changes agreed. Brian Power made the agreed amendments and revised draft CPGs were included in the meeting papers. The changes were agreed and the CPGs will be presented to Council for approval.

Resolution: That the Medical Advisory Committee agree the amendments to the adult and paediatric CPGs with non-core elements and recommend their approval to Council.

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

Draft PHECC CPG Categorisation and Implementation Guidance document for Council approval was included in the meeting papers. Ricky Ellis provided an overview of the draft document and its contents. It was agreed that this document will be updated in parallel with CPGs in the future. It was agreed that from this point onwards the PHECC CPG Categorisation and Implementation Guidance document will be managed by the PDO for the MAC to ensure ongoing accuracy. The Chair commended Ricky on the extensive work he has done on this project.

Resolution: That the Medical Advisory Committee recommend the Draft PHECC CPG Categorisation and Implementation Guidance document to Council for approval and this document will be updated in parallel with CPGs in the future.

Proposed: Macartan Hughes **Seconded: Eoghan Connolly**
Carried without dissent

7.2 Fracture management

Revised draft CPGs 4/5/6.6.7 Limb Injury – Adult and 4/5/6.7.X Limb Injury – Paediatric (≤ 15 years) were included in the meeting papers for review. Some further amendments were agreed.

- Add box: 'For open fractures
  Remove gross contamination
  Ceftriaxone 2 g IV/IO/IM'
- Delete diamond: 'Open fracture' and delete 'Ceftriaxone 2 g IV/IO/IM'
- Delete Contraindications
- Add hyphen between 'pre' and 'alert'

Brian Power will make the agreed amendments. The MAC recommend CPG 4/5/6.6.7 Limb injury – Adult and CPG 4/5/6.7.X Limb Injury – Paediatric (≤ 15 years) to Council for approval subject to the agreed amendments.

Resolution: That the Medical Advisory Committee recommend CPG 4/5/6.6.7 Limb Injury – Adult and CPG 4/5/6.7.X Limb injury - Paediatric (≤ 15 years) to Council for approval, subject to the changes agreed.

Proposed: Eoghan Connolly **Seconded: Macartan Hughes**
Carried without dissent

7.3 Sepsis update

Revised draft CPGs were included in the meeting papers for review. Brian Power highlighted the changes and relayed that the draft sepsis CPGs will be reviewed by the Clinical Lead of the Sepsis Group. Some further amendments were agreed.

7.3.1 CPG 4/5/6.4.24 Sepsis - Adult

- Delete box; 'if history of penicillin allergy assess the severity of the reaction and if not life-threatening, i.e. rash, proceed with Ceftriaxone.'
- Add; 'and not responsive to IV fluids' after 'If septic shock suspected' to read 'If septic shock suspected and not responsive to IV fluids consider Epinephrine 10 mcg IV/IO'.
- Delete box; '1 mg Epinephrine in 100 ML NaCl'.
- Delete box; 'If meningitis suspected ensure appropriate PPE is worn; Mask and goggles'.
- Delete box; 'Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to infection'.

Brian Power will make the agreed amendments. Revised draft CPG will be included for further review at the November MAC meeting.

7.4 Submersion/Immersion Incident CPGs

Revised draft CPGs were included in the meeting papers for review. Some further amendments were agreed.

CPG 4/5/6.6.10

- Replace 'Rales' with 'Crepitations'

CPG 3.6.10 and CPG 1/2.6.10

- Delete box; 'Uncuffed advanced airways must not be utilised during ventilation'.

Brian Power will make the agreed amendments. The MAC recommend the Submersion/Immersion CPGs to Council for approval subject to the changes agreed.

Resolution: That the Medical Advisory Committee recommend CPG 4/5/6.6.10, CPG 3.6.10 and CPG 1/2.6.10 to Council for approval, subject to the changes agreed.

Proposed: Hillery Collins **Seconded: Peter O'Connor**
Carried without dissent

7.5 Triage sieve

Draft CPG 4/5/6.8.3 Triage Sieve was included in the meeting papers for review. It was agreed to change the text in the coloured priority boxes from blue to white. The MAC agreed that CPG 4/5/6.8.3 Triage Sieve be recommended to Council for approval and presented to the Framework for Major Emergency Management Ireland thereafter.

Resolution: That the Medical Advisory Committee recommend CPG 4/5/6.8.3 Triage Sieve to Council for approval and to the Framework for Major Emergency Management Ireland thereafter.

Proposed: Cathal O'Donnell **Seconded: Peter O'Connor**
Carried without dissent

7.6 COPD

Draft CPG 4/5/6.3.3 Exacerbation of COPD was included in the meeting papers for review. Some further amendments were agreed.

- Move box 'Consider CPAP' to the side and amend to 'Consider CPAP for profound refractory hypoxia'.

Brian Power will make the agreed amendment. The MAC recommend CPG 4/5/6.3.3 Exacerbation of COPD to Council for approval subject to the change agreed.

Resolution: That the Medical Advisory Committee recommend CPG 4/5/6.3.3 Exacerbation of COPD to Council for approval, subject to the change agreed.

Proposed: Macartan Hughes **Seconded: Hillery Collins**
Carried without dissent

7.7 Behavioural Emergencies

Revised draft CPG 4/5/6.4.30 Behavioural Emergency was included in the meeting papers for review. A further amendment was agreed.

- Amend typo to read; 'A person lacks capacity'.

Brian Power will make the amendment as agreed. The MAC recommend CPG 4/5/6.4.30 to Council for approval.

Resolution: That the Medical Advisory Committee recommend CPG 4/5/6.4.30 Behavioural Emergency to Council for approval.

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

7.8 Sedation CPGs

Deferred to the November meeting.

7.9 Emergency Obstetrics CPGs

Emergency Obstetrics CPGs drafted by the Emergency Obstetrics subgroup were included in the meeting papers for review. Niamh Collins, Chair of the subgroup, provided an overview. The Chair commended the excellent work of the subgroup. Some amendments were agreed to the draft CPGs.

Pregnancy related emergencies

- Add 'If pre-eclampsia suspected or eclamptic seizure' before 'BP > 140/90 or seizure'.

CPG 5/6.5.1 Pre-Hospital Emergency Childbirth

- Amend 'Additional crew required for each baby expected' to 'Consider Additional crew for each baby expected'.
- After 'Risk factors' add 'for complicated delivery'.

CPG 4/5/6.5.5 Umbilical Cord Complications

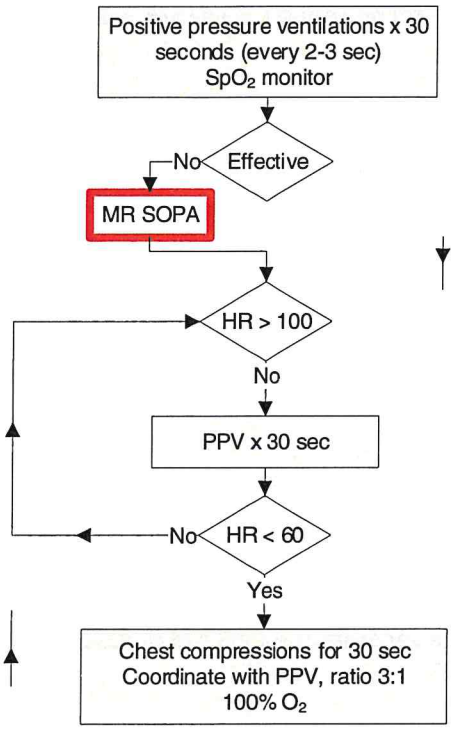
- AP box; amend '(< 15 min)' to '(> 15 min)'.

Post Pregnancy Care

- Add 'As per Pre-eclampsia' before 'BP > 140/90 or seizure'.

New-born Neonatal Care and Resuscitation

- Amend 'abnormality' to 'anomaly'; 'Pre-alert if preterm or low birth weight, suspected congenital anomaly or pre-identified known complication'.
- Add 'torso'; '≤ 32 weeks; place torso in clear plastic bag (without drying). Consider for 32 – 34 weeks'.
- Amend as follows;



- Amend 'Warm, dry, apply hat' to 'Warm, dry, hat'

Brian Power will make the agreed amendments to the CPGs. It was agreed that revised draft CPGs will be presented to the Obstetrics and Gynaecology Programme for their review and submitted to the MAC thereafter.

* Cathal O'Donnell left the meeting

8. Clinical Practice at Events

Deferred to the November meeting.

9. External communications, consultation, feedback

There was no external communications for discussion.

Pre-Hospital Emergency Care Council

10. AOB

There being no other business the meeting concluded at 16:00pm approximately. It was agreed that the November MAC meeting will focus on the Emergency Obstetrics CPGs, Draft Discussion document for consideration by Council on the development of a standard for pre-hospital emergency care nomenclature for Ireland, and an update on the strategic development committees.

The Chair thanked all present for their attendance.

The next MAC meeting will be held at 10:00am in the PHECC offices on Thursday 28th November 2019.

Signed: _____ **Date:** 28.11.19

Chair