Pre-Hospital Emergency Care Council

Medical Advisory Committee

Meeting Minutes

26th July 2018, PHECC office @ 10:00am

Present	Apologies	In attendance
David Menzies (Chair)	Niamh Collins	Brian Power, PHECC Acting Director
David Hennelly	David Irwin (Vice Chair)	Ricky Ellis, PHECC PDO
Ian Brennan	Hillery Collins	Margaret Bracken, PHECC Support Officer
Eoghan Connolly		
Cathal O'Donnell		
Shane Mooney		
Macartan Hughes		
Jason van der Velde (via t/c)		
Mick Molloy (via t/c)		
Martin O'Reilly (part meeting)		
Peter O'Connor (part meeting)		
Stanley Koe (part meeting)		

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1. Chair's Business

The Chair welcomed the members. Mick Molloy and Jason van der Velde attended the meeting via teleconference. Martin O'Reilly and Peter O'Connor joined via teleconference on route to the meeting. The Chair informed that Stanley Koe would be arriving later. Apologies were noted.

2. Minutes from May 2018 meeting

The minutes of the meeting held on 31st May were reviewed. A typo was identified under agenda item 8 MAC Strategy 2017-2020 and was amended.

Resolution: That the Medical Advisory Committee approve the minutes of the meeting held on 31st May 2018 with agreed amendment.

Proposed: David Hennelly **Seconded:** Eoghan Connolly

Carried without dissent

2.1 Matters Arising

Agenda item 8 MAC Strategy 2017-2020

Clinical level CLS has been amended to CCS. The members noted that definitions for new clinical levels and divisions on the PHECC register need to be accurately and clearly defined and following further

discussion by the MAC and agreement from the members, the agreed definitions will be recommended to Council for approval and published on the PHECC website thereafter.

2.2 Letter to the Medical Council

A copy of a letter to the CEO of the Medical Council from Shane Mooney, Chair of the Quality and Safety Committee, was included in the meeting papers. This letter sought clarity regarding the role of the registered medical practitioner at planned and unplanned events, and also the concept of medical direction to PHECC registered practitioners. Shane Mooney provided an update and informed the meeting that a response was not received from the Medical Council to date. He will liaise with Jacqueline Egan, Programme Development Officer, and draft a follow up letter to the Medical Council, requesting a meeting to progress this matter.

3. Clinical Queries

An email from a practitioner regarding the recent clinical directive pertaining to medications and pregnancy, specifically Aspirin, was tabled for discussion. The new directive states, 'Aspirin administration with a normal ECG is contraindicated, however, contact cardiology if Aspirin administration with abnormal ECG'. The practitioner is concerned that this directive causes confusion for responders, EMTs and pre-arrival information to bystanders who call for "chest pain". In addition, clarification was sought on what is meant by "cardiology".

A copy of a letter which was sent to all licensed CPG providers with a copy of STN029 PHECC Standard for Medication use during pregnancy was tabled for information.

The members discussed possible risks and concerns. It was noted that as per the current framework Aspirin administration during pregnancy is administered by practitioners at P and AP level only. Following discussions, the Chair summed up and made the following suggestion; change the medication formulary, associated Education and Training Standards, and CPGs, for EMT and responder levels, with a contraindication for Aspirin to be administered in the last trimester of pregnancy unless requested by a PPI Centre or a Cardiologist to do so. Brian Power requested a priority rating from the members, for immediate action, or for actioning after the minutes of this meeting are signed off by the Chair at the September MAC meeting. The members agreed that further advice and opinions need to be sought before a decision can be made, and it was agreed that PHECC will write seeking advice on the implications and risks involved in the administration of Aspirin during pregnancy by EMTs, call takers and responders to the following.

- Mr Stephen Brady, Chair of the Priority Dispatch Committee
- Prof Mary Higgins, PHECC link with the Obstetrics and Gynaecology clinical programme.
- Muriel Pate, Senior Pharmacist, Naas General Hospital
- Prof Kieran Daly, Clinical lead ACS programme

A response will be sent to the practitioner. There will be further discussion at the September MAC meeting.

Resolution: that the Medical Advisory Committee agree that PHECC will progress with seeking further advice on the implications and risks involved in the administration of Aspirin during pregnancy by EMTs, call takers and responders, and report back at the September MAC meeting.

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

4. Correspondence

There was no correspondence for discussion.

5. Clinical Developments

5.1 Briefing on pyrexia in paediatric patients

Correspondence from Stanley Koe on febrile convulsion was included in the meeting papers and he provided an update to the members. He advised that there is evidence to support administering antipyretics under certain conditions, as specified in the papers, following febrile seizures but not as a means to prevent recurrence of seizures. A debate ensued on the appropriate temperature as the literature referred to ≥ 40°C whereas the PHECC CPGs state ≥ 38.5°C as the indication for administration of Paracetamol. It was agreed that the PHECC CPGs did not require changing at this stage. Stanley went on to state that the mode of delivery of the drug is therefore the question and gave his support for PR administration of paracetamol at Paramedic level. The Chair thanked Stanley for his valuable input.

5.2 P/AP recognition of heart block and transcutaneous pacing

This item was deferred to a future meeting.

5.3 Ambulance transport to local injury units

Cathal O'Donnell provided an update informing the members that discussions are ongoing with NAS and the Emergency Medicine Programme, who will be reporting to the LIU working group at their September meeting where Cathal will be in attendance. He suggested that 'Ambulance transport to local injury units' be changed to 'Ambulance transport and Emergency Medicine Programme' to the agreement of the members. Brian Power reported on a recent meeting between the Emergency Medicine Programme and PHECC. He reported that the meeting was very positive and both parties agreed that ongoing interaction was welcomed. The outcome of the meeting is that the EMP are proposing to interact with PHECC three to four times a year where a pre-hospital focussed agenda would be more appropriate than a PHECC representative attending EMP meetings discussing purely ED issues.

5.4 Pre-hospital sedation/ analgesia

David Hennelly provided an update and a discussion followed. Jason van der Velde noted that a holistic approach is required, and levels of care need to be defined. He advised that legal implications are being looked at which are causing delays especially with respect to the psychiatric patients. It was agreed to defer any further drafting of the Mental Health Emergency and Behavioural Emergency CPGs until further legal advice has been obtained. Brian Power requested Jason van der Velde to keep PHECC informed of the developments of the current CUH court case. Jason noted that once a judgement has been made in this case the MAC can seek their own legal advice and progress with the mental health CPGs.

Brian Power requested an update from Mr Hennelly as to when draft CPGs will be available for discussion. The members agreed to progress the sedation/analgesia themes which will be presented for discussion and review at the next MAC meeting in September.

1. Post Intubation Sedation/Analgesia
2. Procedural Sedation/Analgesia- Trauma
3. Procedural Sedation/Analgesia- Cardioversion /Pacing
4. Sedation/Analgesia and ongoing management of Traumatic Brain Injury
5. Sedation/Analgesia in Acute Behavioural Emergencies

- Undifferentiated Agitated Patient
- Sedation for Agitated Delirium (Drug Overdose)
- Sedation in Mental Health Emergencies (awaiting legal advice)

Brian Power advised that if required a Delphi process can be put in place to progress this further.

5.5 PARAMEDIC2 Trial Report

A New England Journal of Medicine article on a randomised trial of Epinephrine in out-of-hospital cardiac arrest was included in the meeting papers for discussion. Supplementary information compiled by Ricky Ellis to inform the discussion was tabled. The PARAMEDIC2 trial, carried out by ILCOR, was initiated to determine whether Epinephrine is beneficial or harmful as a treatment for out-of-hospital cardiac arrest. The item was discussed at great length.

A statement from the Chair of MAC to all PHECC responders and practitioners was tabled and agreed by the members.

PHECC Medical Advisory Committee notes the results of the PARAMEDIC2 trial as published. The authors are to be commended on undertaking a large-scale, high quality trial.

The International Liaison Committee on Resuscitation (ILCOR) will review this new evidence and if indicated, issue an update on resuscitation guidelines. PHECC MAC will await the results of this process and amend CPGs if indicated.

In the meantime, it is important that all responders and practitioners responding to cardiac arrests continue to do so in a coordinated manner, and continue to follow the current CPGs. It is worth remembering the value of early recognition of cardiac arrest, early and high-quality CPR and early defibrillation in the treatment of out-of-hospital cardiac arrest.

Resolution: That the Medical Advisory Committee agree that all responders and practitioners responding to cardiac arrests continue to do so in a coordinated manner and continue to follow the current CPGs pending recommendations from ILCOR.

Proposed: David Hennelly **Seconded:** Ian Brennan
Carried without dissent

6. CPG Development Process

6.1 MAC to identify core CPGs at each clinical level (Council request)

At their July meeting Council requested the MAC to identify core CPGs at each clinical level. A list of practitioner CPGs at all levels were included in the meeting papers for the purpose of identifying core and non-core CPGs. The Chair provided some background from the Council perspective. He informed the members that historically PHECC granted exemptions from certain medications and CPGs to licensed CPG providers during the application approval and renewal process. Council recently received advice from PHECC's legal advisors advising that PHECC cease granting exemptions, which Council accepted. There was a robust discussion with many suggestions and recommendations from the members. Cathal O'Donnell sought clarification and requested a copy of the correspondence from PHECC's legal advisors and Mr Ellis provided copies to the members present for their information. Mr Ellis suggested that he

conduct an electronic survey with all MAC members with a request to identify core CPGs. A report to Council which outlined the issue was requested, tabled and discussed.

It was noted that there should be a rationale for not using certain medications, however there is no issue with substituting one medication for another suitable medication. The risk, associated with such decisions, lies with the Medical Director of the organisation and not with PHECC. Macartan Hughes stressed the importance of reflecting the diversity of all licensed CPG providers, statutory services and smaller organisations. David Hennelly suggested, rather than applying exemptions based on equipment, "if available" could be added. Brian Power advised that as per recommendation from a previous MAC, equipment lists were removed from the CPGs.

The Chair advised that the next PHECC licensed CPG provider renewal is due in September and a decision will need to be made before then regarding exemptions. Cathal O'Donnell read out the implementation section of the CPGs to the members and it was agreed that this section will require updating. It was noted that rewriting every CPG is a huge body of work and cannot be done by September. Ricky Ellis outlined that exemptions being operated by organisations will be enquired as part of the Governance Validation Framework process when carrying out assessments. He requested that MAC create a guide to a minimum CPG set to support GVF assessors.

Cathal O'Donnell noted that in the long-term MAC will need to reconsider how CPGs are drafted. David Hennelly noted that the review of CPGs was discussed at the MAC strategy meeting in May and the necessity to seek legal advice regarding rewording when redesigning the CPGs was identified.

It was agreed that a clarifying statement be issued by PHECC to all licensed CPG providers informing them that PHECC have ceased granting exemptions for medications and CPGs and advising them that any deviation from this is a matter for each organisation in conjunction with their Medical Director. The statement should also clearly define what an exemption means. The members discussed and agreed a definition of an exemption. A CPG exemption was defined as: 'A Clinical Practice Guideline that an organisation intends not to implement in its entirety'. Mick Molloy brought to attention the triple lock (privileging) system, which is in place to help ensure the patient receives the best level of care possible, and states that the licenced CPG provider must privilege the practitioner to practice on their behalf.

* It is noted that Martin O'Reilly and Peter O'Connor arrived at 12:30.

Resolution 1: That the Medical Advisory Committee recommend to Council that the MAC review all CPGs in a phased process, with the intention of designating CPGs as core or non-core CPGs, in recognition of the fact that not all CPGs are developed for implementation by all Organisations in every circumstance.

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

Resolution 2: That the Medical Advisory Committee recommend to Council that the Palliative Care CPG and the Treat and Referral CPGs be designated as non-core CPGs as an interim measure.

Proposed: Cathal O'Donnell **Seconded:** Macartan Hughes
Carried without dissent

* It is noted that Stanley Koe arrived and provided an update on agenda item 5.1.

6.2 Respiratory Emergency CPG

6.3 Behavioural Emergency CPG

6.4 Sedation CPG

These CPGs are being processed through subgroups and no further updates were available.

6.5 Emergency point of care ultrasound (POCUS)

Correspondence from Dr Cian McDermott enquiring about Medical Advisory Committee interest in training prehospital practitioners in the use of emergency point of care ultrasound (POCUS) was contained in the meeting papers. Dr McDermott offered to help develop this project with MAC in the form of training provision, governance and advising with SOPs. The Chair suggested this item was appropriate for the critical care paramedic discussion. Eoghan Connolly agreed to bring this to the IAEM workshop for discussion.

7. Clinical Practice at Events

7.1 Clinical Care at Events Subcommittee

7.1.1 De-identified data from Clinical Care at Events

Brian Power provided an overview for information. A document was included in the meeting papers informing the members that in setting standards for clinical care requirements at events the Clinical Care at Events Subcommittee has requested de-identified data from licensed CPG providers who cover such events. This data will develop a profile of patients cared for at events in an Irish context thus enabling the subcommittee to make informed decisions. Unfortunately, data is not available in a uniform manner which makes analysis very difficult. Many licensed CPG providers only maintain data in a paper format (ACRs and PCRs) thus requiring data input to convert it into an electronic format. To date only two organisations have agreed to share their de-identified data, however they lack the resources to convert the data into an appropriate electronic format for PHECC analysis. This is an issue particularly for the voluntary organisations. In an attempt to eliminate the resource issue for organisations and to encourage other licensed CPG providers to share their data, the Clinical Care at Events Subcommittee has made a recommendation to Council that PHECC employ a data inputter, on a temporary contract of three months to access the data and input it into a PHECC designed spreadsheet. This funding to be part of the PHECC research budget sub heading.

The Chair informed the members that Council at their July meeting, agreed to provide funding to employ a data inputter on a temporary contract as requested.

8. MAC Strategy 2017-2020

The Chair provided an update. At the May MAC meeting the members identified three high level objectives as part of the MAC strategy for the next three years. The Chair informed the Committee that Council agreed these objectives at their July meeting. A document setting out the strategic objectives, proposed chairs, membership, terms of reference, and timeframe, was tabled for discussion. It is proposed to convene three working groups to explore needs, scope of practice, educational needs and international comparators.

Proposed Chairs

1. Treat and Refer: Brian Power
2. Community Paramedic: Hillery Collins
3. Critical Care Paramedic: Ian Brennan

The Chair thanked Brian, Hillery and Ian for volunteering as Chairs of the working groups. All member of MAC may contribute to each group and an email will be sent out to all MAC members inviting them to participate. An initial report will be presented at the September MAC meeting for discussion.

9. External communications, consultation, feedback

There was no correspondence for this agenda item.

* Jacqueline Egan, Programme Development Officer, joined the meeting.

10. PCR and PCR Information Standard 2018

Following previous discussions and recommendations from the MAC, a revised and updated draft Patient Care Report Edition 5 and PCR Information Standard 2018 were included in the meeting papers. Jacqueline Egan highlighted the changes and a discussion followed, with further amendments suggested and agreed by the members. Ms Egan will make the necessary amendments for recommendation to Council for approval.

Resolution: That the Medical Advisory Committee recommend the Patient Care Report Edition 5 and PCR Information Standard 2018 to Council for approval subject to the changes agreed.

Proposed: Peter O'Connor **Seconded:** Macartan Hughes

Carried without dissent

11. AOB

The next meeting of the Committee will be held on Thursday 27th September @ 10:00am in the PHECC office.

There being no other business the meeting concluded at 14:00pm.

Signed: _____ **Date:** 27/9/18

Chair