



## Quality and Safety Committee

### Meeting Minutes

19<sup>th</sup> June 2017

PHECC Office, Naas

#### In Attendance

Shane Mooney Chair  
Willie Wade  
Ciarán McCullagh  
Michael O'Reilly  
Pamela Skerritt

#### Apologies

Fiona McDaid  
Brigid Sinnott

#### Present

Hillery Collins, PHECC Council member  
Jacqueline Egan, PHECC Programme Development Officer  
Brian Power, PHECC Programme Development Officer  
Ricky Ellis, PHECC Programme Development Officer  
Margaret Bracken, PHECC Programme Dev Support Officer  
Anne Brannan, Director Clinical Leadership Solutions

### 1. Chair's Business

The Chair welcomed the members to the first meeting of the Quality and Safety Committee 2017. He outlined the responsibilities of the Committee and advised that some nominations have yet to be received through an expression of interest process. Apologies were noted.

The Chair informed members that it was highlighted at the March Council meeting that any Council member is welcome to attend any meeting of the Committee. Hillery Collins is attending this meeting as a member of Council. The Chair informed the meeting that the Committee shall hold at least one meeting per quarter in every year and may hold other such meetings as may be necessary, as per the Quality and Safety Committee terms of reference.

#### 1.1 Introductions

Introductions were made around the table.

#### 1.2 Signed minutes of meeting 17th May 2016

Signed minutes of the final meeting of the preceding Quality and Safety Committee were included in the papers for information. The term of office of the former PHECC Council and all Committees terminated in June 2016, and the first meeting of the new Council was held in February 2017. This is the first meeting of the new Quality and Safety Committee.

#### 1.3 Terms of Reference

Jacqueline Egan briefed the members on TOR014 – Quality and Safety Committee terms of reference which was approved by Council on 11<sup>th</sup> May 2017. It was highlighted that significant changes have been made to the

membership under the new terms of reference and expressions of interest have been sought for some nominations to the Committee. Specific items were highlighted, with emphasis on attendance at meetings and the importance of confidentiality.

#### **1.4 Priorities and deliverables from the PHECC Business Plan**

Included in the papers was an extract from the PHECC Business Plan 2017 and Jacqueline Egan gave an overview outlining the key priorities and deliverables for the Quality and Safety Committee in 2017. Particular emphasis was given to the implementation of the Governance Validation Framework for CPG licensed and CPC implementation processes for all practitioner levels. The Committee were informed that a CPC presentation for EMT level will be delivered at the next Committee meeting by the PHECC EMT level CPC coordinator.

The Committee was informed that new patient information standards were approved in 2016 and a new design for the PCR and PTR is in progress which will be circulated to the Committee in due course for approval. The CFR report was re-designed in 2016 in line with the launch of the new CFR materials. The current ACR design will remain unchanged as it is currently in line with the eACR; changing the design now would have a negative impact on the eACR pilot in the auxiliary and voluntary organisations.

#### **1.5 Code of Practice for Governance of State Bodies**

Jacqueline Egan gave a brief overview of POL033 – Code of Governance and Business Conduct, approved by Council on 23<sup>rd</sup> Feb 2017, which describes the obligations on staff, Council and Committees of Council in the performance of their duties. The policy was included in the meeting papers for information.

#### **1.6 PHECC organisational map**

The PHECC organisational map was included for information.

#### **1.7 Housekeeping**

Committee members were advised regarding car parking arrangements, relocation of the PHECC offices to new premises for next meeting and completion of subsistence documentation.

### **2. Skills and knowledge to support best practice:**

#### **2.1 Governance Validation Framework**

##### **2.1.1 Presentation and discussion**

Ricky Ellis presented to the Committee on the PHECC Governance Validation Framework (GVF) including the rationale and process involved in the development of the Framework. Anne Brennan, Director at Clinical Leadership Solutions, presented on the design and process elements in the framework including self and external assessment by the licensed CPG providers. Robust discussion followed. The Committee recognised the value of a set of quality and safety standards being implemented which assesses and monitors quality of service provision through continuous quality improvement in order to improve patient outcomes. The Chair thanked Ricky and Anne.

**Resolution: that the Quality and Safety Committee recommend to Council that the Governance Validation Framework be implemented by PHECC.**

**Proposed:** Michael O'Reilly

**Seconded:** Pamela Skerritt

Carried without dissent

## **2.2 Council Policy for pre-hospital emergency care service providers who apply for approval for implementation of CPGs**

POL003 Council Rules for pre-hospital emergency care service providers who wish to apply for approval for implementation of CPGs was included in the papers. Brian Power explained the approval process to the Committee. A discussion followed and the requirement for submission of three clinical audits by licensed CPG providers was highlighted and clarified for the members. The Committee was in agreement that the incorporation of the clinical audit component of the licensed CPG approval process into the Governance Validation Framework was very welcome.

POL018 – Council Policy for implementation timeframes for CPGs was also included in the meeting papers. Members were advised that the 2017 CPGs were published in March and the policy requires that within 18 months of release of new CPGs that they are implemented fully.

### **2.2.1 2014 CPG implementation status update**

Jacqueline Egan provided the members with an update on licensed CPG providers 2014 CPG implementation status. It was highlighted that CPG providers submit, upon request, a CPG implementation status update report quarterly which is circulated to this Committee who advise accordingly

### **2.2.2 Approval process for CPG licensed provider exemptions**

Brian Power outlined the approval process for licensed CPG provider exemptions and provided examples of exemptions applied for by providers.

### **Action items:**

Quality and Safety Committee to write to all licensed CPG providers informing them that the Committee will correspond with them quarterly seeking information regarding: i) 2017 CPG implementation timeframes ii) status of upskilling of practitioners and iii) privileging status of practitioners.

## **2.3 PHECC KPI Standard**

Brian Power briefed the members on STN026 PHECC Clinical Key Performance Indicators. This is the first PHECC KPI standard and was approved by Council on 11<sup>th</sup> May 2017.

The standard provides licensed CPG providers with performance measurement guidance which will assist in improving their service to the public. The KPI standards will be reviewed following a 3 year implementation period. Jacqueline Egan informed the members that the patient care reports will record the KPI data. The PCRs are currently being reviewed based upon stakeholder feedback, revised Information Standards and KPI standard data collection requirements.

#### **2.4 Ambulance crewing – proposed model**

A paper submitted by the Director of the National Ambulance Service to the Quality and Safety Committee under the previous Council was included in the papers. When presented previously, the meeting was the last of the Committee under the Council of that time. The paper is seeking a review of the current PHECC EMS Priority Dispatch Standard. Brian Power provided the background to the Priority Dispatch Standard. The Committee agreed that the crewing models should be reviewed in line with: a) practitioner Scope of Practice b) Priority Dispatch Committee c) Council discussion in relation to the development of the Council's 2018-2020 Strategic Plan and d) consultation with relevant unions. The Chair informed the Committee that there is an exercise in progress currently whereby NEOC is engaged in a collection of dispatch data for all calls in a 24 hour period and this will also inform future discussions.

#### **2.5 Correspondence re: ambulance equipment**

Included in the papers was a copy of a letter from the Chair of the Quality and Safety Committee to the Director of the NAS dated 23<sup>rd</sup> March 2016 re patient and staff safety in the ambulance service.

Jacqueline Egan provided the background stating that correspondence from a concerned registrant relating to patient safety was discussed at a meeting of the preceding Quality and Safety Committee who wrote to NAS at that time. The related correspondence was included in the meeting papers. Discussion followed highlighting that as a year has lapsed and no further correspondence has been received from the registrant it could be accepted that the risk has been addressed. The Committee recommended that a risk escalation matrix be developed, similar to the Medical Advisory Committee risk matrix and return same to the Committee for consideration.

#### **Action:**

Develop Risk escalation matrix.

### **3. Criteria for Registration**

#### **3.1 Continuous Professional Competence update**

A Report on the development of an assessment process for monitoring CPC within EMTs in Ireland was included in the papers for information. Jacqueline Egan advised the members that a presentation on the CPC assessment process for EMTs will be provided by the EMT CPC project manager, Omar Fitzell, at the next Q&S Committee meeting. Members were requested to read the report in preparation. A CPC standard for the levels of AP and P is currently being developed and will be presented to the Education & Standards Committee for approval as a standard prior to being circulated to the Quality & Safety Committee for information.

### **4. Information standards leading to data collection and clinical audit**

#### **4.1 Clinical audit fact finding report**

A Clinical Audit Report on a recent visit to Yorkshire Ambulance Service by Jacqueline Egan and Ricky Ellis was included in the meeting papers and Ms Egan gave an overview to the Committee. Brian Power explained

the background on PHECC's clinical audit process and advised that clinical audit will be incorporated into the Governance Validation Framework. There was agreement among the members that the inclusion of Clinical Audit in the GVF was appropriate. The Committee also agreed that clinical audit was a challenge for CPG licensed providers and that the engagement of a clinical audit expert to provide workshops to CPG licensed providers would be very worthwhile.

#### **4.2 eACR data collection – Auxiliary/Voluntary project - update**

Jacqueline Egan updated the members on the eACR data collection project. Feedback from the user organisations has led to phase 2 modifications being carried out on the software. The user organisations have been requested to focus on the eACR's very robust reporting module and some sample organisational reports from this module will be presented for the next meeting of the Committee.

#### **4.3 Responder Alert Application (RAapp) – update**

A summary report on the development and deployment of the RAapp proof of concept was included in the meeting papers for information.

#### **5. AOB**

The Chair informed members that minutes will be circulated two weeks following every meeting, and meeting agenda items will be requested from members four weeks in advance of each meeting.

PHECC Office relocation: the next meeting of the Committee will be held on Monday 25<sup>th</sup> September in the new PHECC offices in Beech House, Millennium Park, Naas, Co Kildare. Commencement time: 10.00 with finish expected to be 13:00 with light lunch provided.

There being no other business the meeting concluded.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

25/9/17

## Quality and Safety Committee Meeting 25/09/2017

### **Present**

Shane Mooney (Chair)  
Hillery Collins  
Ciarán McCullagh  
Pam Skerritt  
Willie Wade  
Brigid Sinnott  
David O'Connor  
Michael O'Reilly  
Tess O'Donovan

### **In Attendance**

Jacqueline Egan  
Deirdre Borland  
Brian Power  
Ricky Ellis  
Omar Fitzell  
Anne Brennan (Clinical Leadership Solutions)

## **1. Chair's business**

The Chair welcomed those present to the meeting, in particular new members Dr Paul O'Connor and CS David O'Connor.

### **1.1 Meeting Report and Matters Arising**

Resolution: The minutes from the Quality and Safety Committee meeting of 19<sup>th</sup> of June 2014 be approved.

Proposed: Pamela Skeritt                      Seconded: Ciaran McCullagh

Carried without dissent

## **2. Criteria for Registration**

### **2.1 Continuous Professional Competence (CPC) EMT level e-presentation**

Omar Fitzell gave a comprehensive presentation on the development and roll out of the CPC programme at EMT level.

In discussion following the presentation there was a consensus that courses which correspond with requirements of the CPC Standard will be considered for CPC points.

A discussion ensued regarding the difficulties faced by EMTs in fulfilling the prerequisite for 12 patient contacts and how CPC could assist organisations, in utilising alternative modules of deployment of volunteers, to provide opportunities to meet patient contact requirements.

Tess O'Donovan asked that the hosting of the e-portfolio be accessible and user friendly and suggested that HSELand be considered as an CPC ePortfolio hosting option.

## 2.2 CPC update all practitioner level

The committee were informed by Jacqueline Egan and Ricky Ellis of the Education and Standards Committees intention to form a sub-committee on CPC to determine the applicable standard for P & AP level. In discussion, there was broad agreement with the committees previous recommendation that the development of P & AP CPC should mirror what has occurred at EMT level in so far as possible and also that this committee will be responsible for monitoring the application of the standard when developed. Further information will be returned to this committee as appropriate after a standard is set at Paramedic and Advanced Paramedic levels.

### 3. Skills and knowledge to support best practice

#### 3.1 Governance Validation Framework

Anne Brennan of Clinical Leadership Solutions (CLS) and Ricky Ellis gave an update on the Governance Validation Framework (GVF). A revised Licensed CPG provider application / renewal form was presented to the committee for their consideration.

The development of the GVF was welcomed by the committee. Clarification on implementation timeframes were sought. The requirement for the inclusion of "open disclosure" was also discussed and Anne Brennan clarified that it is included in the framework, not at the point of entry but at application stage. The committee were informed that implementation and rollout of the GVF will be determined by Council.

Pam Skerritt welcomed the framework but cautioned that administrative manpower would be a challenge for the voluntary organisations. It was agreed that members of voluntary services at practitioner level have full access to registration and the organisation was licensed in the same manner as all others. Ricky Ellis advised the members that PHECC will continue to support organisations to meet the requirements of GVF through the assessment and report process.

Tess O'Donovan advised that the wording of the following sections be clarified:

- Reference 13 examining English language competency with regard to relevant legislation.
- Reference 17 that Safeguarding the public and Children First and other legislation be considered.

A discussion ensued regarding sharing of information in relation to fitness to practice issues and safeguarding the public. The Chair informed the committee that PHECC's legal team will present to Council on this issue and feedback will be returned to the Quality and Safety Committee.

#### 3.1.1 Application form proposal\*

##### **Resolution:**

Quality and Safety Committee recommend to Council approval of the Application and Renewal Form for pre-hospital emergency care service providers who apply for recognition to implement Clinical Practice Guidelines (CPGs), and associated policy (POL003) amendments.

Proposed: Willie Wade

Seconded: Ciarán McCullagh

Carried without dissent

### 3.2 Council Policy for pre-hospital emergency care providers who apply for approval for implementation of CPGs – Update

Jacqueline Egan gave an overview of correspondence sent to all Licensed CPG providers flagging that PHECC will seek upskilling status of practitioners, within their respective organisations on the 2017 CPGs upskilling, on specific dates as specified in the correspondence.

The Chair indicated that many providers will accept practitioner upskilling undertaken under the guidance of another CPG approved organisation, providing the practitioner can provide evidence, in the form of certification, that upskilling has taken place.

Willie Wade asked if upskilling courses are approved by PHECC. Brian Power stated that upskilling is delivered by the PHECC Recognised Institution to a syllabus determined by the RI. The CPG implementation period is eighteen months as determined by Council policy.

### 3.3 Ambulance crewing – proposed model – Update

The Chair gave an overview of the proposal from the NAS to PHECC, as per the previous and current meeting papers of the Committee.

The Chair requested the Executive to carry out some research in this area which would incorporate scope of practice and practitioner competencies. This research will be returned to the committee when completed. Brian Power cautioned that ensuring the best possible patient care was PHECC's goal and stated that currently PHECC's Priority Dispatch Standard allow for an EMT crewed ambulance to be dispatched to Alpha and Omega calls.

The committee requested that the aim of any change in the mix of ambulance crewing skills should take cognisance of the best practice in the standard of care being delivered to the patient pre-hospital. The committee also cautioned that the evidence to support any change in crewing must be in place prior to agreeing to any change in current policy.

### 3.4 OHCAR Applied Partnership Award submission

Jacqueline Egan gave a brief overview of the background to the Out-of-Hospital Cardiac Arrest Register. A proposal has been submitted, the Register Steering Group, to the Health Research Board for Applied Partnership Award funding for research titled "Out-of-Hospital Cardiac Arrest and Community First Response in Ireland: Building Evidence for Policy and Practice".

### 3.5 National Patient Safety Conference - Submission

Jaqueline Egan informed the committee that PHECC will be displaying a poster on the Governance Validation Framework at the National Patient Safety Conference in October.

### 3.6 Canadian Paramedic Conference – Update

A review paper was included regarding the recent Canadian Paramedic Conference and Tess O'Donovan spoke to this item.

## 4. Information standards leading to data collection and clinical audit

### 4.1 Clinical Audit Standard

It was reiterated that support has been provided to organisations to implement Clinical Audit and PHECC will continue to provide supports. However, Clinical Audit must be implemented as a priority. A discussion ensued regarding the varying quality of data collection and the implications of same.



#### 4.2 Clinical Information Standards – Update

Jacqueline Egan gave an overview of the current suite of PHECC clinical information standards and datasets. The development and approval of new policies and standards has implications for data collection and the executive is currently undertaking an exercise to identify gaps in our current clinical information standards and patient care reports. As appropriate revisions to patient reports will return to the committee for approval.

### 5. Education and Standards

#### 5.1 NQEMT Paramedic Examination Standard (Interim)

Jacqueline Egan spoke to the PHECC NQEMT Paramedic Examination Standard (Interim). The Standard is with Council and resolution to approve awaited.

The committee agreed that safeguarding processes of assuring PHECC standards are met must be undertaken and were mindful of the fact that the implementation of the Governance Validation Framework for Licensed CPG providers and the Quality Review Framework for Recognised Institutions will address all quality assurance processes.

### 6. AOB

The lack of a patient representative on the committee was highlighted and members were encouraged to bring forward any recommendations to filling this position.

The next meeting will be held on Monday 11<sup>th</sup> December at 10:00am in the PHECC office.

There being no other business, the Chair called the meeting to a close.

Signed:



Date:

11/12/2017

## Quality and Safety Committee

### Meeting Minutes

11<sup>th</sup> December 2017

#### Present

Shane Mooney (Chair)  
Ciarán McCullagh  
David Bradley  
David O'Connor  
Fiona McDaid  
Michael O'Reilly

#### Apologies

Brigid Sinnott  
Paul O'Connor

#### In Attendance

Jacqueline Egan, PHECC  
Brian Power, PHECC  
Ricky Ellis, PHECC  
Deirdre Borland, PHECC

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### 1. Chair's Business

The Chair welcomed the assembled members and apologies were noted.

#### 1.1 Crewing

The Chair informed those present that Mr Martin Dunne, Director National Ambulance Service, has submitted a further request to the Committee, through the Chair, seeking consideration on the implementation of mixed crewing (EMT and Paramedic) models for emergency calls. The Chair indicated that the revised submission by the Director did not include adequate detail and the Committee proposed that a risk assessment and patient safety evaluation be carried out by the National Ambulance Service in advance of any changes to the current crewing model. In addition, the Committee proposed that the Director of the National Ambulance Service be invited to present on the presented paper to the next meeting of the Committee and, as previously recommended, that alternative models ambulance crewing be included for discussion by Council in line with the development of the PHECC Strategy 2018 – 2020.

Jacqueline Egan committed to circulate all previous correspondence regarding this matter to the Committee. In addition, an update on the requested literature review by the Centre for Pre-Hospital Research UL on mixed crewing models will be brought to the next meeting of the Committee.

#### 1.2 Patient Representative

Jacqueline Egan informed the Committee that a patient representative has been identified and gave a synopsis of background, and in particular, patient safety interests and workgroup memberships. The Committee welcomed the inclusion of a patient representative to the membership and agreed that the invitation to join the Committee should be extended to the candidate.

### 1.3 Minutes

The minutes from the Quality and Safety Committee meeting of 9<sup>th</sup> September 2017 were included in the meeting papers for approval.

**Resolution:** That the Committee approve the Minutes of 9<sup>th</sup> September 2017.

**Proposed:** Michael O'Reilly

**Seconded:** David O'Connor

Carried without dissent

### 1.4 Nomination of Vice-Chair

The Chair sought nominations for the position of Vice-Chair. Ciarán McCullagh offered to step into the position.

**Resolution:** That Ciarán McCullagh be nominated to the position of Vice-Chair.

**Proposed:** Michael O'Reilly

**Seconded:** Fiona McDaid

Carried without dissent

**Resolution:** That the Terms of Reference of the Quality and Safety Committee be amended to include the role of Vice-Chair and recommended for approval to Council.

**Proposed:** Fiona McDaid

**Seconded:** David O'Connor

Carried without dissent

## 2. Criteria for Registration

### 2.1 Register Status Update

Details of the current Register composition was included in the meeting papers. Jacqueline Egan gave an overview of the NQEMT examination process and the management of the various components of the examination within the current resources, especially OSCEs at EMT level and adherence to 100 candidates per OSCE. A discussion ensued regarding the number of repeat attempts unsuccessful EMT candidates avail of, through the Recognition of Prior Learning (RPL) process, and the Committee sought that their concerns be brought to the Education and Standards Committee.

### 2.2 Overseas Temporary Register

The number of temporary practitioner registrations in both 2016 and 2017 to date was included in the meeting papers. The Chair highlighted the stringency of the criteria for 'Recognition of Overseas Qualification' for inclusion on the PHECC Register and informed the Committee that, in line with EU legislation, 'Temporary Registration' of practitioners who wish to practice here for short specified periods, from other member states, must be accepted by PHECC. The Chair stressed that the process whereby 'Temporary Registration' is assigned to a practitioner be brought to the Committee when completed.

### **3. Skills and Knowledge to support best practice**

#### **3.1 CPG Upskilling Status of Licensed CPG Providers – Update**

A table of responses from Licensed CPG Providers regarding the 2017 CPG upskilling status of practitioners within their organisations was presented.

David Bradley expressed a difficulty in determining the appropriate quality of upskilling which should be delivered by providers. He asked that a prescriptive list of requirements for upskilling be considered by PHECC. It was stressed by all members that the responsibility lay with the Licensed CPG Provider to ensure, practitioners working on their behalf, have adequate skills for the level of privileging given to a practitioner.

The Committee directed that the organisations who did not respond will be corresponded with seeking compliance with the request for information.

#### **3.2 Governance Validation Framework (GVF) – Update**

An update on the current status of the Governance Validation Framework was included in the meeting papers. Programme Development Officer, Ricky Ellis, informed the Committee that there will be a challenge in transitioning organisations to the GVF, particularly if they do not engage. He sighted the number of Licensed CPG Providers who did not respond to the Upskilling Status request as a concern.

The opinion of the Committee was sought on how GVF should be implemented, monitored and maintained. It was suggested that the process should be retained within PHECC as the regulator and that outsourcing this function may not be appropriate.

How the success of the GVF will be measured was questioned and it was clarified that the Framework will provide a process of continuous quality improvement for the providers which will be measured against the GVF standards and outcomes will be presented to appropriate Committees and Council in advance of publication.

An implementation plan will be brought to the Committee with a view to detailing the resource requirements for the project.

#### **3.3 Protocol 37 – Update**

Rachael MacDonnell, project manager, delivered a PowerPoint presentation on the current status of the Protocol 37 project. The presentation opened the meeting.

#### **4. Information Standards leading to data collection and clinical audit**

##### **4.1 Patient Care Report (PCR) Standard**

An updated PCR Standard was included in the meeting papers. A discussion ensued regarding the following:

- Inclusion of an “Assisted decision-making capacity” field in the PCR Standard and PCR
- Space requirements on the PCR and the challenges of balancing capturing the data required and the practicalities of capturing accurate data on paper reports
- Merging the ACR into the PCR. Jacqueline Egan indicated that there are no plans currently to merge these two patient records as the ACR was designed with a focus group of auxiliary and voluntary organisations and the ACR is very well suited to their requirements at Events. She said that electronically there is a facility to tab from the ACR to the PCR and the ACR data will populate the PCR in such instances
- Capture of medications for Advanced Paramedic practitioners. It was highlighted that all Licensed CPG Providers were surveyed seeking the optimum number of medication entry rows required. Seven rows were indicated by the majority as sufficient, however the Committee indicated that the existing space is inadequate for many Advanced Paramedic calls; particularly those involving titrated medications.

##### **4.2 PCR Draft**

A draft of the new PCR will be brought to the next meeting.

#### **5. Education and Standards**

##### **5.1 Research Workshop towards NQEMT Paramedic Examination Standard-Update**

Jacqueline Egan gave an overview of a research workshop which PHECC facilitated in November. This research, in addition to other research being carried out, will assist PHECC in the development and implementation of an NQEMT Paramedic Examination Standard. Research underway includes a skills assessment methodology literature review, and site visits to review the OSCE process in other healthcare profession environments.

##### **5.2 Appeals Committee**

Nominations were sought for the Appeals Committee. Jacqueline Egan gave an overview of the work on the Committee. David Bradley volunteered to join the panel.

#### **6. AOB**

##### **Field Guide App**

Correspondence was received from David Bradley seeking clarification on the current status of the PHECC Field Guide. Programme Development Officer, Brian Power, informed the Committee that the delay in releasing the field guide is partly due to PHECC executives’ lack of staff resources. He indicated that the clinical element of the guide has been completed, the project had progressed to the ICT phase and a lead on this project would progress with the work as a priority in 2018.

The Committee suggested that an 'Alert Text' be included in the app until such time as the updated 2018 version is available. This will be pursued and a progress update will be returned to the Committee for the next meeting.

### **Patient Safety Notice**

Ciarán McCullagh informed the Committee that over twenty formulations of Nifedipine are available; two have been found in the supply chain and one of these is not provided for in the CPG. Brian Power said that he will return to the next meeting with an update. In addition, Ciarán McCullagh informed the Committee that there was a hazard concerning buccolam pre-filled syringes whereby, as a result of a production issue, the cap which seals the syringes can split in two on removal leaving the syringe sealed. Brian Power asked if the safety notices distributed could be disseminated outside NAS and DFB. Ciarán McCullagh will seek advice from the NAS Medical Director on same and update the members at the next meeting.

### **First Aid Response**

A question arose regarding the Community First Responders (CFRs) and Emergency First Responders (EFRs) working for organisations who are not PHECC CPG approved. It was clarified that PHECC would welcome applications from all organisations who wish to apply to become Licensed CPG Providers. To this end the voluntary nature of becoming a Licensed CPG Provider was emphasised.

The next meeting will be held on 5<sup>th</sup> March at 10:00am.

There being no other business the meeting was closed.

Signed:



Chair

Date:

