

Statutory Registration and Pre-Hospital Emergency Care Practitioners



PHECC Register – the Sixth Statutory Healthcare Register

The **Pre-Hospital Emergency Care Council (PHECC)** is an independent statutory body whose functions include establishing and maintaining the sixth statutory healthcare register in Ireland.

This booklet has been compiled to inform clinical and administrative staff in Emergency Departments and other relevant Health Service facilities regarding the training and education – as well as the roles and responsibilities – of pre-hospital emergency care practitioners:

Emergency Medical Technician (EMT)



The **Emergency Medical Technician** can provide basic life support including automated external defibrillators, oropharyngeal airways, bag-valve-mask, glucometry and basic trauma care.

The EMT may administer Aspirin, GTN, Glucagon, Epi-pen and Entonox.

Paramedic (P)



The **Paramedic** can provide intermediate life support. This includes the skills listed for EMT and the insertion of a laryngeal mask airway & nasopharyngeal airway, 12 lead ECG, peak flow meter, cease resuscitation, and cervical injury decision.

The Paramedic may administer the medications permitted for an EMT as well as Epinephrine (1:1000), Naloxone, Salbutamol and Paracetamol. The Paramedic may maintain intravenous infusions once commenced.

Advanced Paramedic (AP)



The **Advanced Paramedic** can provide advanced life support. This includes the skills listed for Paramedic and the use of an endotracheal tube, intravenous cannulation, manual defibrillation, thrombolysis, needle thoracocentesis, needle cricothyrotomy and urinary catheterisation.

The Advanced Paramedic may administer the medications permitted for a Paramedic and 23 additional medications for acute emergency medical and traumatic conditions from cardiac arrest to hypovolaemia.

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The titles **Emergency Medical Technician (EMT)**, **Paramedic (P)**, and **Advanced Paramedic (AP)** identify healthcare professionals who are registered with PHECC. Pre-hospital emergency care practitioners are eligible to join the PHECC Register once they have completed PHECC's Standard of Education & Training at the relevant level and have been awarded the National Qualification in Emergency Medical Technology (NQEMT).

REGISTER DIVISION (JANUARY 2009)	COUNT
Emergency Medical Technician (EMT)	257
Paramedic (P)	2167
Advanced Paramedic (AP)	157
Total Registered Practitioners	2581

Emergency Medical Technician (EMT)

An Emergency Medical Technician (EMT) is a registered practitioner who has completed PHECC's Standard of Education & Training at EMT level. This is the minimum clinical level that is recommended to provide care and transport of an ill or injured patient.

The duration of education and training is five weeks and is designed to provide the EMT with the knowledge and skills for working primarily in patient transport services and in supporting the pre-hospital response to patients accessing the 999/112 emergency medical services. The EMT can work for the HSE – National Ambulance Service; Dublin Fire Brigade; fire, rescue and auxiliary services; and voluntary or private ambulance services.

Successful completion of an EMT course at a PHECC-Recognised Training Institution entails four weeks theory and one week clinical practice and assessment. The National Qualification in Emergency Medical Technology (NQEMT) at EMT level is awarded to successful candidates after a written paper comprised of multiple choice questions (MCQs) and a practical objective structured clinical examination (OSCE).

Paramedic (P)

A Paramedic (P) is a registered practitioner who has completed PHECC's Standard of Education & Training at Paramedic level. This is the minimum clinical level that is recommended to provide care & transport of an ill or injured patient following a 999/112 call.

The Paramedic is principally engaged in responding to patients who access the 999/112 service for emergency medical assistance. The Paramedic can work for the HSE – National Ambulance Service; Dublin Fire Brigade; fire, rescue and auxiliary services; and voluntary or private ambulance services.

The education and training for Paramedics consists of 28 weeks theory, supervised clinical practice on emergency ambulance vehicles and healthcare service placements as well as one year Internship. The Paramedic assessment comprises of two written papers; one multiple choice question (MCQ) and one short written answer (SWA) exam plus two practical, objective structured clinical examinations (OSCE). In addition, successful completion of a structured competence assessment during the one-year Internship including case study submission, completion of professional development modules and competency assessment is required prior to full registration on the Paramedic division of the PHECC Register. The NQEMT at Paramedic level is awarded to successful candidates.

Advanced Paramedic (AP)

An Advanced Paramedic (AP) is a registered practitioner who has at least 3 years experience as a Paramedic.

The AP standard of education and training prepares graduates for their role as clinical leaders and expert practitioners in the field of pre-hospital emergency care. Their deployment in the HSE is a matter for the National Ambulance Service and varies from region to region; nonetheless their role has been designed to contribute to a reduction in the morbidity and mortality of patients experiencing life threatening events pre-hospital. One significant advance in this area is the expected roll-out of pre-hospital thrombolysis in 2009.

There is no direct entry to this course of training and candidates are experienced Paramedics principally employed by the HSE – National Ambulance Service and Dublin Fire Brigade. The standard builds substantially on the Paramedic standard and currently requires fourteen weeks theory and clinical practice; six weeks in-hospital and a further six weeks on emergency response vehicles with supervision.

AP assessment includes written papers; multiple choice question (MCQ) and short written answer (SWA) exams, a practical, objective structured clinical examination (OSCE), a component of continuous assessment by submitting case studies/reviews and finally a panel exam. The NQEMT at AP level is awarded to successful candidates.

The current AP standard of education and training is under review, it is expected that one year of AP Internship and competence assessment will be added prior to registration in 2009. It is expected that the AP role will be expanded to include the treatment and discharge of patients who access the health service through the 999/112 system but who do not need hospital admission. This initiative will be supported by PHECC's Clinical Practice Guidelines.

Clinical skills and medication administration

Care management, including the administration of medications, as per level of training and division on the PHECC Register:

Key	
✓	Authorised under PHECC CPGs after completion of a PHECC-approved CPD module or during training courses completed after 2nd April 2007.
✓SA	Authorised subject to special authorisation as per CPG.
APO	Authorised under PHECC CPGs to assist practitioners only (when applied to EMT, to assist Paramedic or higher clinical levels).
URMPIO	Authorised under PHECC CPGs under registered medical practitioner's instructions only.

Medications	EMT	P	AP
Aspirin PO	✓	✓	✓
Epinephrine (1:1,000) auto injector	✓	✓	✓
Glucagon IM	✓	✓	✓
Glucose Gel Buccal	✓	✓	✓
GTN SL	✓	✓	✓
Nitrous oxide & Oxygen (Entonox®)	✓	✓	✓
Oxygen	✓	✓	✓
Paracetamol PO	✓	✓	✓
Salbutamol aerosol	✓SA	✓	✓
Morphine IM	URMPIO	URMPIO	✓SA
Epinephrine (1:1,000) IM		✓	✓
Ibuprofen PO		✓	✓
Naloxone IM		✓	✓
Salbutamol nebule		✓	✓
Dextrose 10% IV		✓SA	✓
Hartmann's Solution IV/IO		✓SA	✓
Sodium Chloride 0.9% IV/IO		✓SA	✓
Amiodarone IV/IO			✓
Atropine IV/IO			✓
Benzylpenicillin IM/IV/IO			✓
Clopidogrel PO			✓
Cyclizine IV			✓
Diazepam IV/PR			✓
Enoxaparin IV/SC			✓
Epinephrine (1:10,000) IV/IO			✓
Furosemide IV/IM			✓
Ipratropium bromide nebule			✓
Lidocaine IV			✓SA
Lorazepam PO			✓
Magnesium Sulphate IV			✓

(Table continued on next page)

Clinical skills and medication administration

All skills apply to adults and children unless specified.

Medications	EMT	P	AP
Midazolam IV/IM/Buccal/IN			✓
Morphine IV/PO			✓
Naloxone IV/IO			✓
Nifedipine PO			✓
Ondansetron IV			✓
Paracetamol PR			✓
Sodium Bicarbonate IV			✓
Syntometrine IM			✓
Tenecteplase IV			✓

Skill/Clinical Procedure	EMT	P	AP
Airway & Breathing Management			
BVM	✓	✓	✓
Cricoid pressure	✓	✓	✓
FBAO management	✓	✓	✓
Head tilt chin lift	✓	✓	✓
Jaw thrust	✓	✓	✓
Non-rebreather mask	✓	✓	✓
OPA	✓	✓	✓
Oxygen humidification	✓	✓	✓
Pocket mask	✓	✓	✓
Recovery position	✓	✓	✓
SpO ₂ monitoring	✓	✓	✓
Suctioning	✓	✓	✓
Venturi mask	✓	✓	✓
Flow restricted oxygen-powered ventilation device		✓	✓
LMA/LT adult		✓	✓
NPA		✓	✓
Peak flow		✓	✓
End Tidal CO ₂ monitoring			✓
Endotracheal intubation			✓
Laryngoscopy and Magill forceps			✓
LMA/LT child			✓
Nasogastric tube			✓
Needle cricothyrotomy			✓
Needle thoracocentesis			✓
Cardiac			
2-rescuer CPR	✓	✓	✓

(Table continued on next page)

Clinical skills and medication administration

AED adult	✓	✓	✓
AED child	✓	✓	✓
CPR adult, child & infant	✓	✓	✓
CPR newly born	✓	✓	✓
ECG monitoring (lead II)	✓	✓	✓
Emotional support	✓	✓	✓
Mechanical assist CPR device	✓	✓	✓
Recognise death and resuscitation not indicated	✓	✓	✓
12-lead ECG		✓	✓
Active cooling		✓	✓
Cease resuscitation		✓	✓
Impedance Threshold Device			✓
Manual defibrillation			✓
Haemorrhage Control			
Direct pressure	✓	✓	✓
Nose bleed	✓	✓	✓
Pressure points		✓	✓
Tourniquet use		✓	✓
Medication Administration			
Buccal route	✓	✓	✓
Intramuscular injection	✓	✓	✓
Oral	✓	✓	✓
Per aerosol	✓	✓	✓
Sublingual	✓	✓	✓
Per nebuliser		✓	✓
Infusion maintenance		✓ SA	✓
Infusion calculations			✓
Intraosseous injection/infusion			✓
Intravenous injection/infusion			✓
Per rectum			✓
Subcutaneous injection			✓
Trauma			
Active re-warming	✓	✓	✓
Cervical collar application	✓	✓	✓
Cervical spine manual stabilisation	✓	✓	✓
Helmet stabilisation/removal	✓	✓	✓
Log roll	✓	✓	✓
Move and secure patient into a vacuum mattress	✓	✓	✓
Move and secure patient to a long board	✓	✓	✓
Move patient with a canvas sheet	✓	✓	✓
Move patient with an orthopaedic stretcher	✓	✓	✓
Rapid extraction	✓	✓	✓

(Table continued on next page)

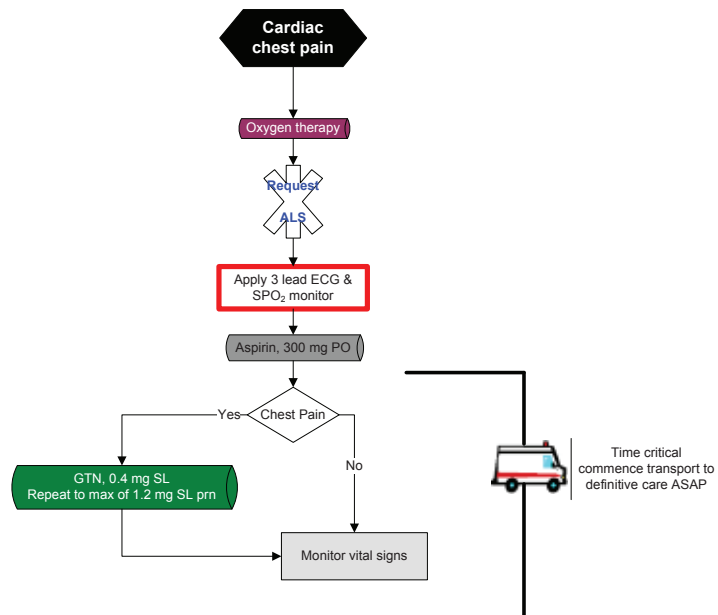
Clinical skills and medication administration

Splinting device application to lower limb	✓	✓	✓
Splinting device application to upper limb	✓	✓	✓
Repositioning # limbs	APO	✓	✓
Secure and move a patient with an extrication device	APO	✓	✓
Traction splint application	APO	✓	✓
Move and secure patient to a paediatric board		✓	✓
Spinal injury decision		✓	✓
Taser gun barb removal		✓	✓
Other			
Assist in the normal delivery of a baby	✓	✓	✓
De-escalation and breakaway skills	✓	✓	✓
Glucometry	✓	✓	✓
Broselow tape		✓	✓
Delivery complications		✓	✓
External massage of uterus		✓	✓
Intraosseous cannulisation			✓
Intravenous cannulisation			✓
Urinary catheterisation			✓
Patient Assessment			
Assess pupils	✓	✓	✓
Assess responsiveness	✓	✓	✓
AVPU	✓	✓	✓
Blood pressure	✓	✓	✓
Breathing & pulse rate	✓	✓	✓
Capacity evaluation	✓	✓	✓
Capillary refill	✓	✓	✓
Check breathing	✓	✓	✓
C5M assessment	✓	✓	✓
FAST assessment	✓	✓	✓
Medical Early Warning Score	✓	✓	✓
Paediatric Assessment Triangle	✓	✓	✓
Patient clinical status	✓	✓	✓
Primary survey	✓	✓	✓
Pulse check (cardiac arrest)	✓	✓	✓
Rule of Nines	✓	✓	✓
SAMPLE history	✓	✓	✓
Secondary survey	✓	✓	✓
Temperature °C	✓	✓	✓
Triage sieve	✓	✓	✓
Chest auscultation		✓	✓
GCS		✓	✓
Revised Trauma Score		✓	✓
Triage sort		✓	✓

Cardiac Chest Pain - Acute Coronary Syndrome

EMT

4.4.16 Published 22nd May 2008



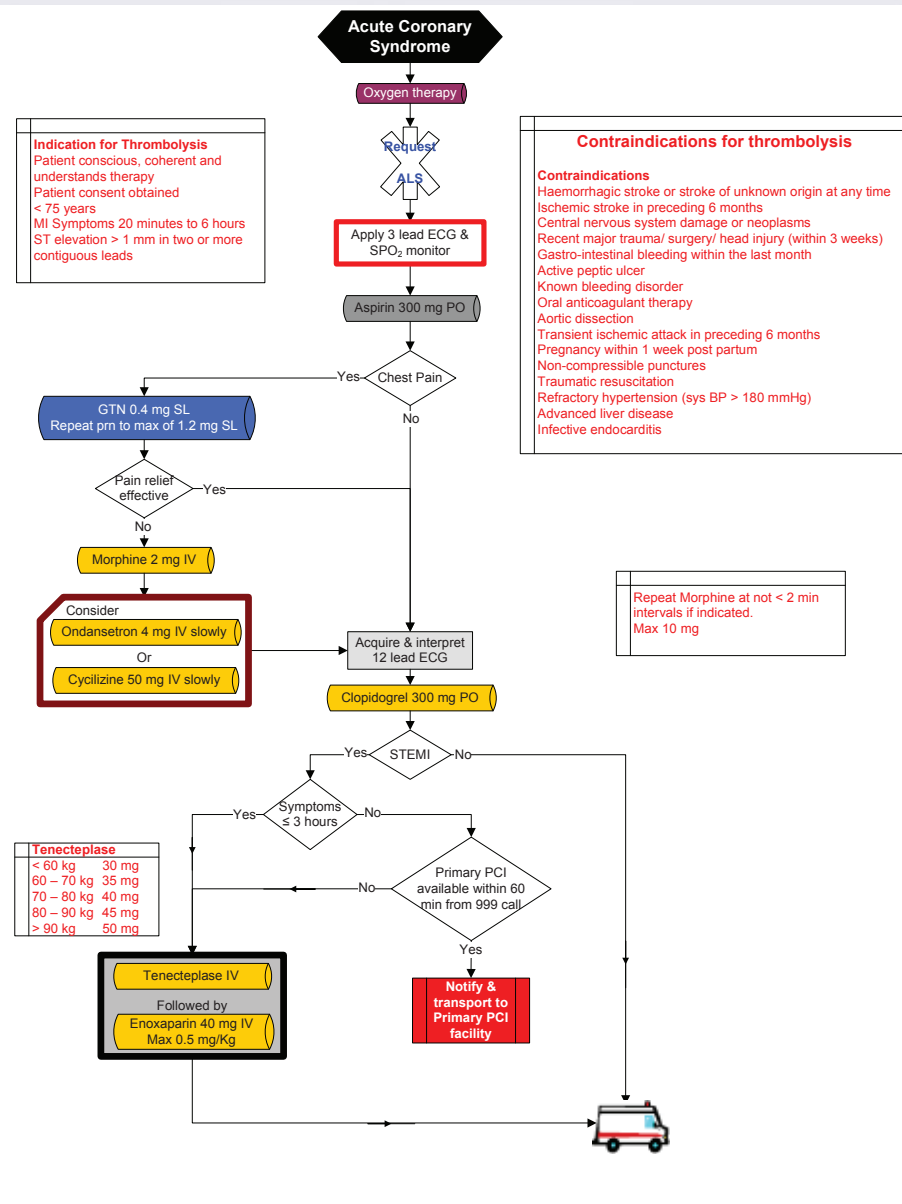
Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Cardiac Chest Pain - Acute Coronary Syndrome

P

AP

5/6.4.16 Published 22nd May 2008

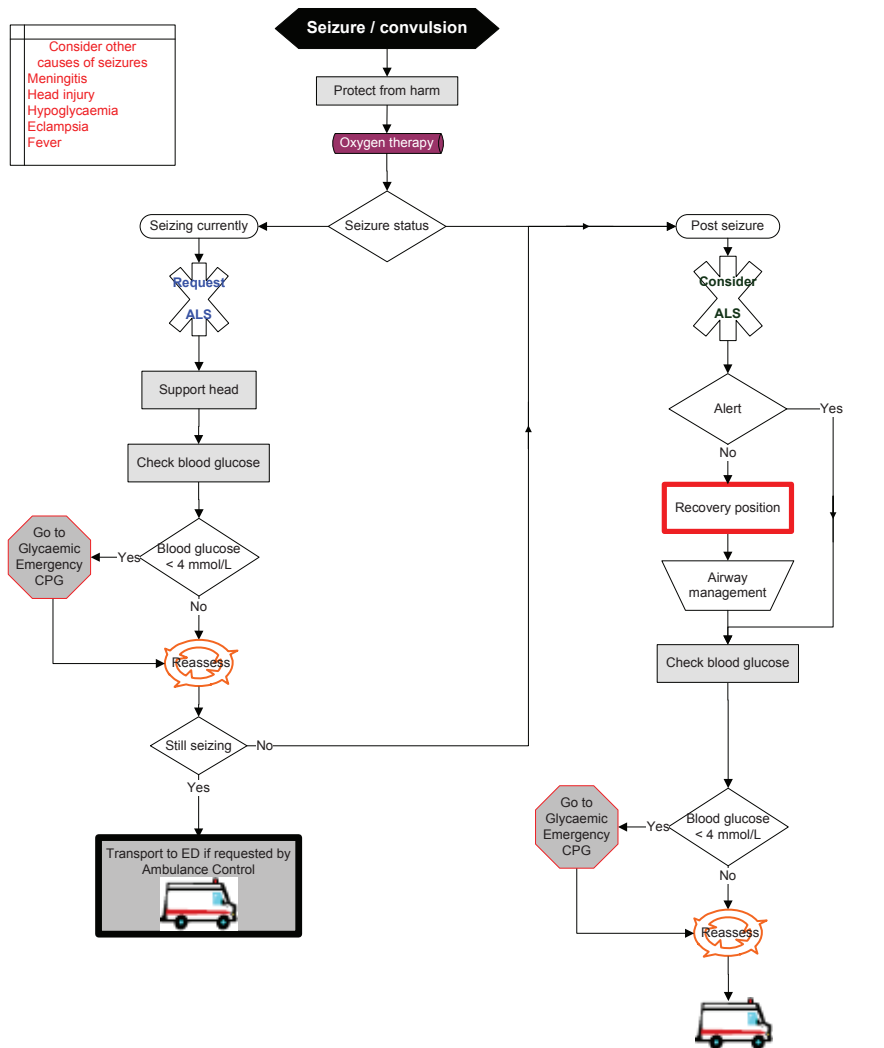


Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Seizure / convulsion - Adult

EMT

4.4.20 Published 22nd May 2008



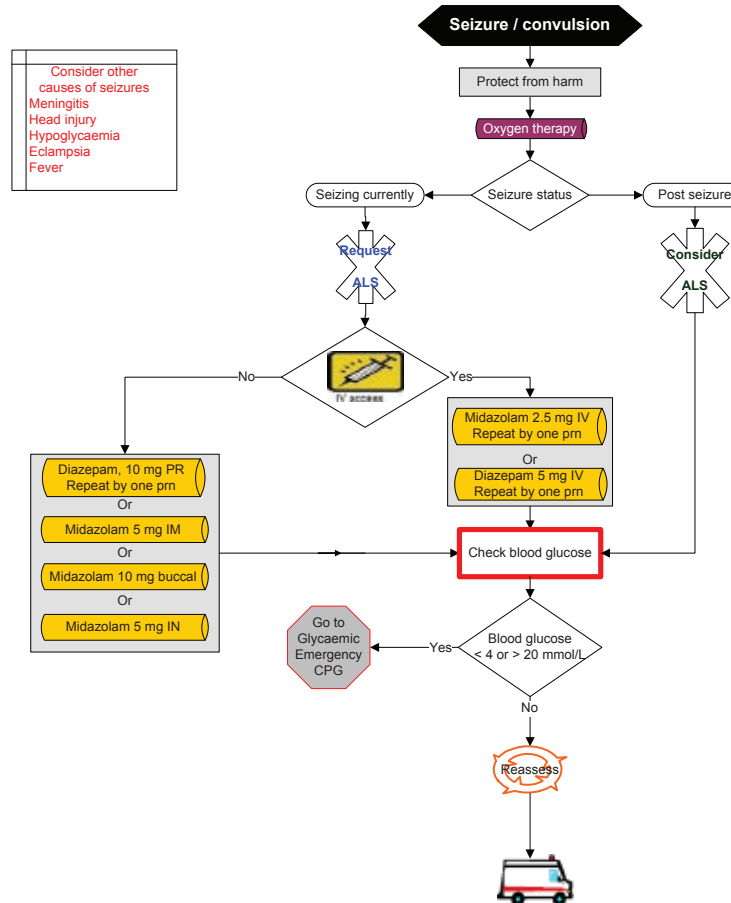
Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Seizure / convulsion - Adult

P

AP

5/6.4.20 Published 22nd May 2008

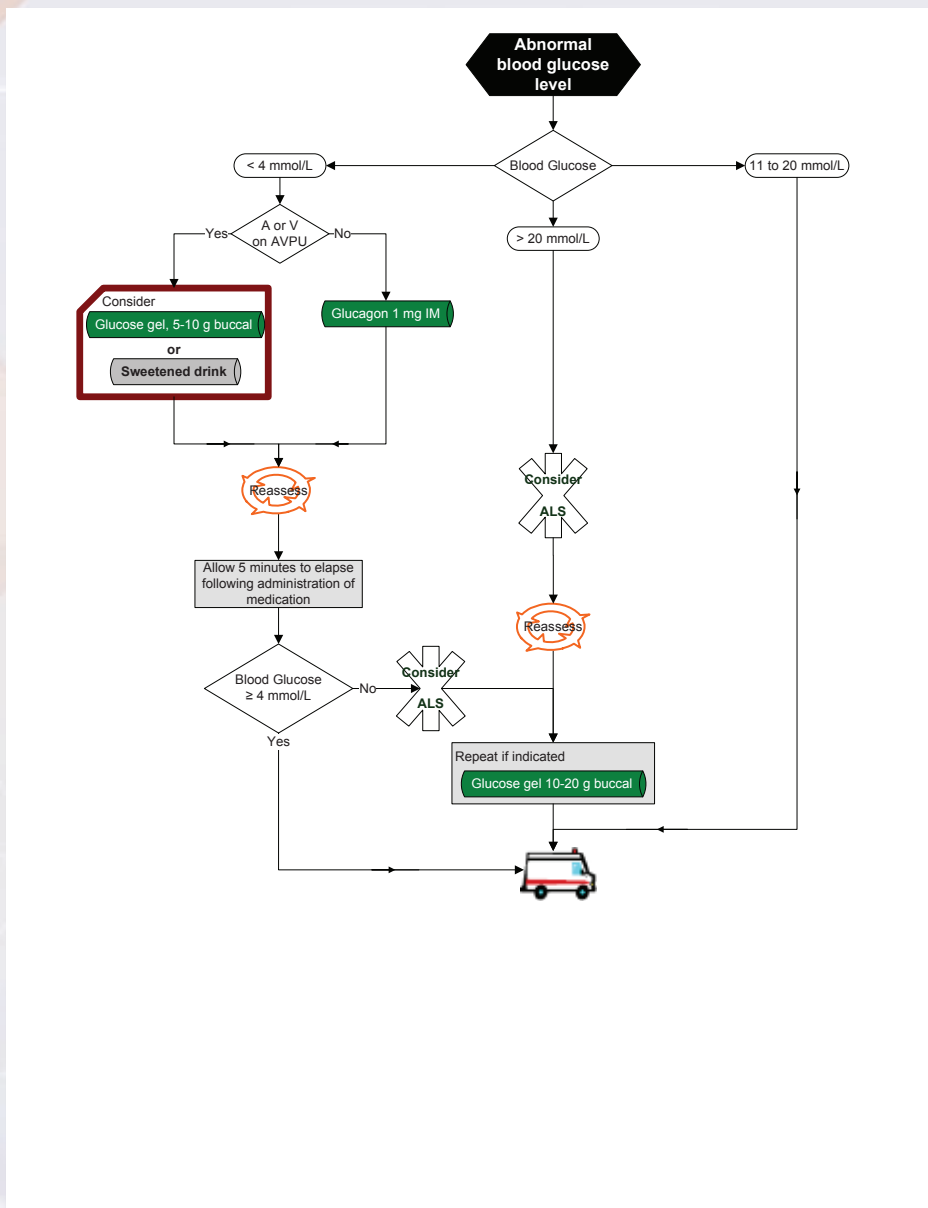


Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Glycaemic Emergency - Adult

EMT →

4.4.19 Published 22nd May 2008



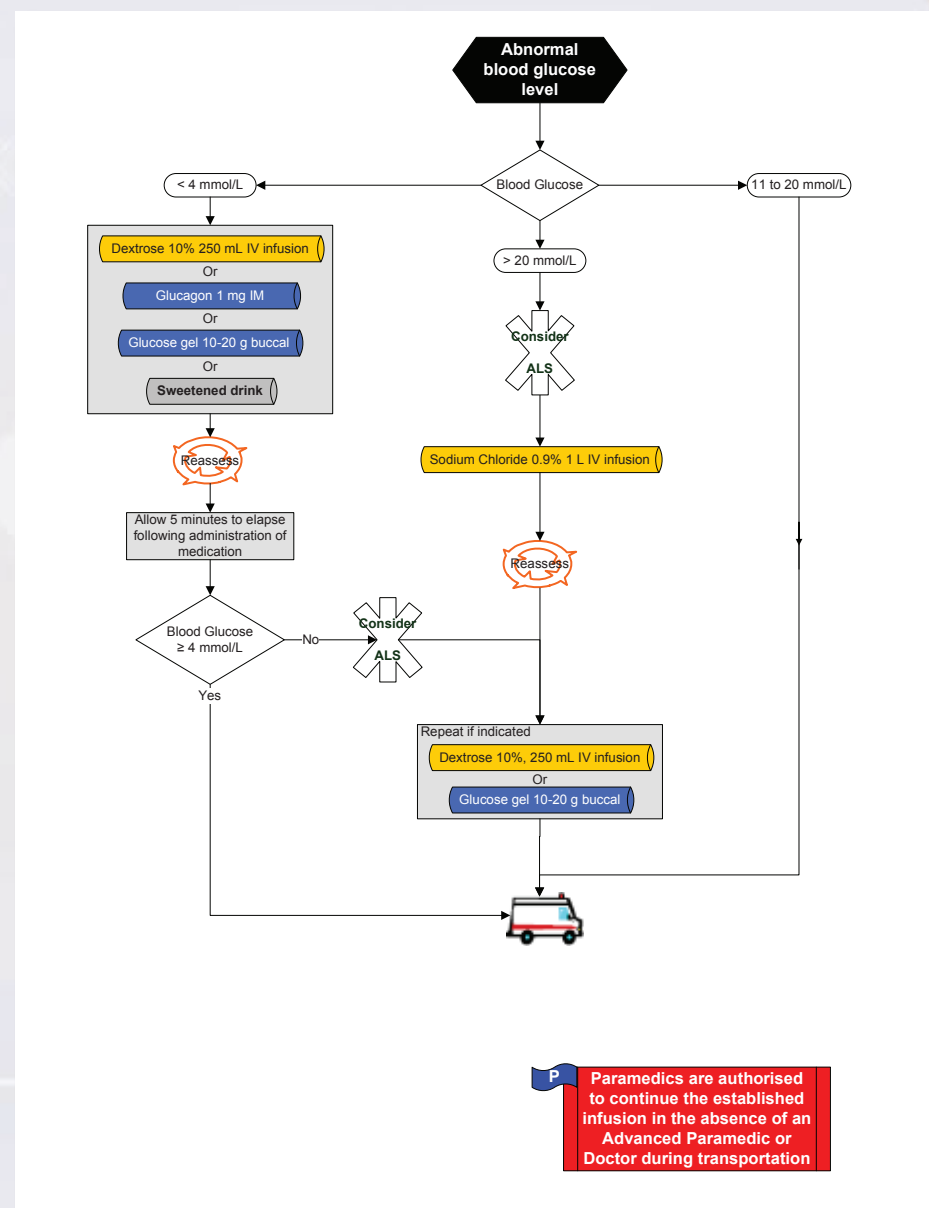
Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Glycaemic Emergency - Adult

P

AP →

5/6.4.19 Published 22nd May 2008



P Paramedics are authorised to continue the established infusion in the absence of an Advanced Paramedic or Doctor during transportation

Reference: Reducing the Risk: A Strategic Approach, 2006, The Report of the Task Force on Sudden Cardiac Death

Patient Care Report (PCR) and electronic Patient Care Report (ePCR)

Recording interventions and medications administered to patients pre-hospital is an essential clinical responsibility for all pre-hospital emergency care practitioners. This information is recorded on the national Patient Care Report. Audit of this data by the ambulance service will continue to validate the effectiveness of patient care and pre-hospital emergency care education and training.

The completed top copy of the PCR is included as part of the patient handover from the pre-hospital emergency care practitioner to the Emergency Department staff and the second copy is stored by the ambulance service according to PHECC Clinical Record Management Guidelines.

In parallel, the ambulance service in the HSE North East are using tablet PCs to record patient information on the PHECC ePCR system which integrates with the Computer Aided Dispatch System (CAD) in the Communication Centre located in Ambulance Headquarters in Navan and the Life Pack 12 defibrillator located in the ambulance. At any time the practitioner deems appropriate, patient data can be transmitted to an eTriage application which can be viewed in four Emergency Departments in the region. The departments are, Our Lady of Lourdes, Drogheda; Cavan General Hospital, Cavan; Our Lady's Hospital, Navan; and Louth County Hospital, Dundalk. The patient data, including assessment details, vital observation, clinical management and interventions and ECG tracing can be viewed by Emergency Department nurses and clinicians.

The ambulance service in the HSE West counties of Mayo and Roscommon are implementing the stand-alone ePCR system and currently Belmullet ambulance station are recording patient data on tablet PCs and printing the ePCR report in the Emergency Department in Mayo General Hospital in Castlebar. Background work on eTriage implementation has been completed and this will be soon installed Mayo General Hospital.

In the future it is planned to roll out the integrated ePCR system nationally.

A copy of the PCR content is included here.

PATIENT CARE REPORT

PATIENT INFORMATION

SURNAME: _____ FIRST NAME: _____
 PERMANENT ADDRESS: _____ DOB: _____
 AGE: _____ GENDER: _____
 MOAT OF KIN: _____ NOK TELEPHONE: _____

INCIDENT INFORMATION

DATE OF CALL: _____ TIME OF CALL: _____ DISPATCH CLASSIFICATION: _____
 MOBILE: _____ AT SCENE: _____ AT PATIENT: _____ DEPART SCENE: _____ AT DESTINATION: _____
 ALL HAZARDOUS: _____ DESTINATION: _____ CLEAR: _____
 CC: _____
 PRACTITIONER ATTEND: _____ PRACTITIONER SUPPORT: _____ OTHER: _____ SEATING PIN: _____

TCO (Triage Category): _____
NTI (National Triage Index): _____

INCIDENT INFORMATION

NO. PLAC. CERTIFIED: _____ PHECC BUILDING: _____
 TYPE OF CLASH: _____ STREET CLOSED: _____ OBSTACLES: _____
 NAME OF ASSISTANCE FROM: _____
 NAME OF ASSISTANCE FROM: _____

CLINICAL INFORMATION

PATIENT'S CHIEF COMPLAINT: _____ TIME OF ONSET: _____ DATE OF ONSET: _____

HISTORY

A CLEAR PARTIALLY OBSTRUCTED OBSTRUCTED
C Spine SUSPECT NOT INDICATED
B NORMAL ABNORMAL ABSENT
C PULSE PRESENT ABSENT IRREGULAR HAEMORRHAGE: Yes No
 SHON NORMAL PALE FLUSHED CYANOSIS
 Cap. REF: _____ < 2 SEC > 2 SEC
D Loss of Consciousness (Before/After): Yes No AVPU: _____
E A Abrasion P Pain I Inflammation R Rash
 B Burn H Heat S Swelling T Tenderness
 C Contusion F Fracture W Wound
 P Protrusion W Wound
 % BURN: _____

CLINICAL IMPRESSION

GENERIC

RESPIRATORY

NEUROLOGICAL

CLINICAL INFORMATION

PATIENT'S MEDICAL OBSERVATIONS

A ALLERGIES: NONE KNOWN UNKNOWN

M MEDICATIONS: NONE UNKNOWN AS SUPPLIED PER DRUG LETTER

P PAST MEDICAL HISTORY: NONE UNKNOWN PER DRUG LETTER

L LAST INTAKE: UNKNOWN DESCRIBE: _____ HH / MM

E EVENT: _____

MECHANISM OF INJURY

STRUCK BY _____ SEA VEHICLE
 ATTACKED BY ANIMAL/BITE STRUCK BY _____
 CHEMICAL BURNING SEA VEHICLE
 DRUGS SEA VEHICLE
 ELECTRICAL BURN STRUCK BY _____
 CHEMICAL BURN STRUCK BY _____
 EXCESSIVE HEAT STRUCK BY _____
 FIRE STRUCK BY _____
 PRESSURE BURN STRUCK BY _____
 PLANT TO INJURY ACCIDENT
 MAGNETIC ACCIDENTS EVENT OF UNIDENTIFIED NATURE
 SELF-HARM SELF-HARM

CIRCUMSTANCES

ACCIDENT
 EVENT OF UNIDENTIFIED NATURE
 SELF-HARM

VEHICLE INFORMATION

TRUCK TRUCK
 BUS BUS
 VAN VAN
 MOTORCYCLE MOTORCYCLE
 BICYCLE BICYCLE
 OTHER OTHER

Est. speed at impact: _____ mph

VITAL OBSERVATION SHEET

OBSERVATION TIMES: _____ TIME (1): _____ TIME (2): _____ TIME (3): _____

PULSE RATE & RHYTHM

ECG RHYTHM

RESPIRATORY RATE

RESPIRATORY QUALITY

TEMPERATURE

PUPILS

FAST FLOW CHART

GLUCOSE

ROUTE

ORAL

INTRAVENOUS

INTRAMUSCULAR

RECTAL

(Form continued on next page)

Statutory Registration and Pre-Hospital Emergency Care Practitioners

MEDICAL TREATMENT INFORMATION					
TIME (HH)	MEDICATION TREATMENT				
TIME (HH)	MEDICATION TREATMENT				
TIME (HH)	MEDICATION TREATMENT				
TIME (HH)	MEDICATION TREATMENT				
TIME (HH)	MEDICATION TREATMENT				
TIME (HH)	MEDICATION TREATMENT				
TIME (HH)	MEDICATION TREATMENT				
TIME (HH)	MEDICATION TREATMENT				

CARE MANAGEMENT		
AIRWAY / BREATHING <input type="checkbox"/> AIRWAY CLEAR <input type="checkbox"/> SUCTION <input type="checkbox"/> ORAL AIR CLEARANCE <input type="checkbox"/> OPA <input type="checkbox"/> NPA <input type="checkbox"/> LMMA <input type="checkbox"/> POCKET MASK <input type="checkbox"/> BVM <input type="checkbox"/> SIMPLE FACE MASK <input type="checkbox"/> VENTURI MASK <input type="checkbox"/> NON REBREATHER MASK <input type="checkbox"/> NASAL CANNULA <input type="checkbox"/> O2/CO2 MONITOR <input type="checkbox"/> ET/CO2 MONITOR <input type="checkbox"/> INTUBATION <input type="checkbox"/> NEEDLE THORACOSTOMY <input type="checkbox"/> REBRUSHING AIRWAYS CARDIAC SUPPORT <input type="checkbox"/> ECG MONITORING <input type="checkbox"/> 12 LEAD ECG <input type="checkbox"/> DEFIBRILLATION <input type="checkbox"/> CHEST COMPRESSIONS	CIRCULATION SUPPORT <input type="checkbox"/> HAEMODYNAMIC CONTROL <input type="checkbox"/> PERIPHERIOUS CANNULA <input type="checkbox"/> PERIPHERIOUS CANNULA IMMUNISATION / EXTUBATION <input type="checkbox"/> CERVICAL COLLAR <input type="checkbox"/> ORAL BOARD <input type="checkbox"/> VACUUM ORBIT <input type="checkbox"/> TRACTION SPLINT <input type="checkbox"/> VACUUM MATRESS <input type="checkbox"/> BOX SPLINT <input type="checkbox"/> FRCW STRAPS <input type="checkbox"/> SAM SPLINTS <input type="checkbox"/> EXTREMITY DEVICE MISCELLANEOUS <input type="checkbox"/> MINOR BURN TREATMENT <input type="checkbox"/> REASSESSANCE <input type="checkbox"/> ADVICE <input type="checkbox"/> REPOSITIONING <input type="checkbox"/> DEFIBRILLATION <input type="checkbox"/> OTHER DEVICES <input type="checkbox"/> NASAL CANULA <input type="checkbox"/> URINARY CATHETERISATION	

MEDICATION TREATMENT			
ADRENALINE	AD	BUFFENEN	BU
AMBUDESONE	AM	LOXACAN	LO
ASPIRIN	AS	LOGALIN	LO
ATROPINE	AT	MAGNESEUM	MO
BETA2-AGONIST	BZ	MORPHINE	MO
CLONIDINE	CL	NEOSTIGMINE	NO
CLOZAPINE	CP	NEUROLEPTIC	NR
CYCLIZINE	CZ	NEUROLEPTIC	NR
DEXTROSE 10%	DX	NIFEDIPINE	NI
DIPYRIMIDINE (1-1000)	DI	NITROGLYCERIN 1% & 2.5% & 5% & 10%	NO
EPIADRINE (1-1000)	EP1	OXITOLIN	OX
EPIADRINE (1-1000)	EP10	PAINKILLER	PA
FENTANYL	FE	PARALALAN	PA
FENYLEPHINE	FE	SEDATIVE	SA
FLECAIDINE	FL	SODIUM BICARBONATE	SO
FOLIC ACID	FO	SODIUM CHLORIDE 0.9%	SO
FOLIC ACID	FO	VALIUM 10MG	VO
FOLIC ACID	FO	VERAPAMIL	VE
FOLIC ACID	FO	TEREPHALIN	TE
FOLIC ACID	FO	TETRAZOLIN	TE
FOLIC ACID	FO	TRIAMETER	TR
FOLIC ACID	FO	TRIAMETER	TR
FOLIC ACID	FO	TRIAMETER	TR
FOLIC ACID	FO	TRIAMETER	TR
FOLIC ACID	FO	TRIAMETER	TR
FOLIC ACID	FO	TRIAMETER	TR

CONTINUITY OF CARE	
PRACTITIONER	FM, TIME, HANDOVER, INTERVENTION
PRACTITIONER	FM, TIME, HANDOVER, INTERVENTION

ADDITIONAL INFORMATION		
PCB	LIFE THREATENING SITUATIONS USE THESE:	NON LIFE THREATENING SITUATIONS USE THESE:
CA	REGULATING STAFF SIGNATURE	



Pre-Hospital Emergency Care Council,

Abbey Moat House, Abbey Street, Naas, Co Kildare, Ireland.

Tel: **(045) 882042** Fax: **(045) 882089** Email: info@phecc.ie www.phecc.ie