

PHECCVoice

QUARTERLY NEWSLETTER PUBLISHED BY THE PRE-HOSPITAL EMERGENCY CARE COUNCIL

iPADS used by Irish EMS

Oxygen music festival 2011 saw the first large-scale deployment of PHECC's national standard electronic ambulatory care report (eACR). Event Medical Services joined us in rolling out a live trial of the eACR with Civil Defence and Order of Malta Ireland volunteers contributing to the testing. This Valentia Technology software package is a milestone for data collection, clinical audit, EMS practitioner empowerment and national EMS planning.

Thousands of contacts are made between patients and the EMS at public events annually in Ireland, with Oxygen 2011 recording a total of 2,917 over the five-day period. Despite the fact that information is key to driving patient safety and informing quality of health care, there has been no single source for collating the rich data being collected at these events. That is until now. The eACR provides one national source for ambulatory care data collection, data which can be extracted, analysed and utilised for the improvement of patient care. (See accompanying graphs for examples of the type of information that can be extracted from the electronic patient-care data captured).

This information is analysed using a process known as data mining or knowledge discovery, whereby data is examined from different perspectives and then summarised into meaningful reports. Organisations then decide what is useful to them and can design their own report suite to suit their requirements and the circumstances of the various events.

As the EMS regulator, we need to have factual verification of pre-hospital activity nationally, including activity generated at large events. There is a perception, for example, that EMS activity at these events has low acuity and high volume. It is only through having access to accurate, reliable, relevant data that this perception can be verified (or not) and the appropriate level of clinical care provided at future events. In addition, effective clinical audit can only be carried out on real information while staffing requirements, planning, and event deployment are also dependent on accurate information being available.

Ambulatory Care Report



Lt Shane Walsh, OMI checking data on the iPad

The ambulatory care report is a subset of the data contained in the national PCR used by the statutory ambulance services. The scope of this report is to capture information on non-acute activities and interventions. When the acuity of the patient demands it or the patient requires transporting off site, a full PCR is completed. The hard copy ACR mirrors the design of the PCR and is provided by PHECC to all voluntary and auxiliary service providers.

Continued on page 3



Winter 2011. Issue No. 15

In this Issue

- iPADS used by Irish EMS
- Protecting the Public and the Practitioner
 - CPG-Approved Organisations
- Deployment of Staff – Clarification
- New Memorial Garden, Loughlinstown
- CPR Announce New Appointment
- eLearning Progress Update
- CFR Training Materials Now Available
- Registrant Consultation
 - EMTs and CPC
- Saving Lives – All in a Normal Day's Work?

Pre-Hospital
Emergency Care
Council



ISO 9001:2008
Management System
Certification

Protecting the Public and the Practitioner – The legal basis for the administration of medications by pre-hospital emergency care practitioners

All care delivered to members of the public must be within the constraints of existing legislation and EU directives (referenced below). The authorisation of pre-hospital interventions and administration of medications are directly linked to the PHECC Establishment Orders and the Medicinal Products Regulations. These in turn are directly linked to the PHECC CPGs.

The 3rd Edition CPG manual (pg 13) outlines the conditions under which CPGs can be implemented:

1. The practitioner is in good standing on the PHECC practitioner's register.

The register recognises three levels of practitioner, Emergency Medical Technician, Paramedic and Advanced Paramedic. If you are not on the PHECC register you may not administer any medications.

2. The practitioner is acting on behalf of an organisation (paid or voluntary) that is approved by PHECC to implement CPGs.

The list of organisations approved to implement the 3rd Edition CPGs is available on the PHECC website www.phecc.ie (see below). If your organisation is not listed, then the 3rd Edition CPGs do not apply and you may not administer medications under these CPGs.

An organisation with PHECC approval to implement CPGs at EMT level have scope of practice for all registered practitioners providing care on behalf of that organisation at EMT level only.

3. The practitioner is authorised by the organisation on whose behalf he/she is acting to implement the specific CPG.

Organisations may decide not to implement specific CPGs therefore it is important that each organisation specifies to its practitioners which CPGs, if any, it is not implementing.

4. The practitioner has received training on – and is competent in – the skills and medications specified in the CPG being utilised.

In accordance with the Code of Professional Conduct and Ethics, each registered practitioner must keep their skills updated in line with best practice.

This legal and professional framework protects both the public and the practitioner.

S.I. No. 109 of 2000 The Pre-hospital Emergency Care Council, (Establishment) Order, 2000

S.I. No. 575 of 2004 The Pre-hospital Emergency Care Council, (Establishment) Order 2000, (Amendment) Order, 2004.

S.I. No. 510 of 2005 Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2005.

Health (Miscellaneous Provisions) Act 2007
This act confirms the orders made under the Health (Corporate Bodies) Act, 1961 as amended.

S.I. No. 139 of 2008 Recognition of Professional Qualifications (Directive 2005/36/EC) Regulations, 2008

S.I. No. 166 of 2008 Recognition of Professional Qualifications (Health and Social Care Professions (Directive 2005/36/EC) Regulations, 2008

S.I. No. 512 of 2008 Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2008.

*Nollaig Shona.
Happy Christmas.*

With our partners in this initiative, Valentia Technologies, we have also developed an electronic Ambulatory Care Report (eACR) using iPad technology. iPad technology is very intuitive and user friendly and the Oxegen trial concentrated on testing functionality and its ability to capture real-time information. The results are impressive. The captured data is easily manipulated and examined, and provides event planners and service providers with real-time information to assist their decision making.

Patient safety and the availability of quality care at the appropriate location are the primary benefits of capturing ambulatory care data electronically; benefits in the area of training, research and strategic decision-making can also be gained. Data collection is an essential activity for all EMS providers which must be governed by best-practice policies and procedures and relevant legislation.

Oxegen Festival



Oxegen is the largest musical event of its kind in Ireland. Up to six simultaneous open-air concerts are conducted over a three-day period on a number of stages at the festival site located in Punchestown, Co Kildare. The average

daily attendance at the festival over the last 3 years has been 84,000 with a large number of festival goers staying on-site at one of two large campsites. These campsites are open the day before the festival and remain open the day after. This means that large-scale EMS cover is required on the ground over a 5-day period.

The organisation and operation of this event is a huge logistical exercise not least the level and range of the EMS provision. The festival promoters engaged the services of Event Medical Services to coordinate and provide the EMS cover before, during, and after the event including during weeks of site construction and dismantling.

Service Providers

Event Medical Services is a PHECC-recognised service provider authorised to implement clinical practice guidelines (CPGs). Headed up by Willie Wade, they specialise in providing EMS cover for indoor and outdoor entertainment events (eg O₂) in addition to large sporting events. At the Oxegen festival Event Medical Services provide medical and nursing staff in addition to providing paramedic cover.

The on-site hospital was headed up by Ciara Martin, consultant in emergency medicine, and was equipped with an x-ray facility. In addition to their own staff, Event Medical Services also engage the services of voluntary organisations to assist over the five days. This year they engaged the services of the Civil Defence and Order of Malta Ireland, both PHECC-recognised organisations.

The Civil Defence were tasked with providing 24-hour on-site cover at the two main campsites for the five days. The festival arena is where the performance stages and all the catering vendors are located. For the three days of the festival this opens daily at lunchtime and is cleared on conclusion of the music at 1.30 a.m. (approx). EMS cover at the arena this year was provided by Order of Malta Ireland on a 12-hour basis.

Further Development

Work has already commenced on analysing the clinical data collected, as well as on the invited feedback and recommendations from the users. The lessons learned from this trial will be classified into three categories. The first and most important task will be analysis of the data from a clinical audit and service-planning perspective. Secondly an examination of any technical – software or hardware – issues will be conducted by Valentia Technologies in order to improve the product. And finally a review of the practical operational issues encountered by users during this first live deployment. Future development of the ACR and the eACR will incorporate this feedback where appropriate.



Acknowledgements

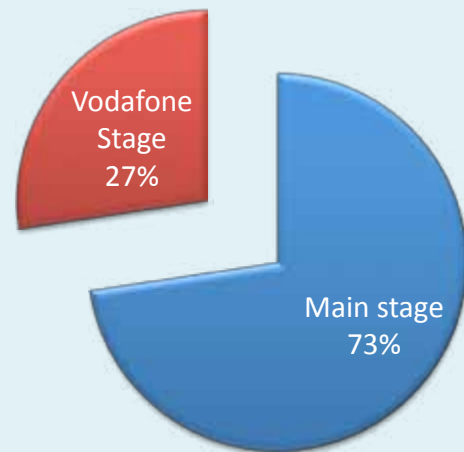
We acknowledge and thank all the organisations and individuals who contributed to this trial. Event Medical Services, from an early stage, committed to the concept and actively facilitated a live trial of the eACR at the biggest music festival in Ireland. Volunteers from both the Civil Defence and Order of Malta Ireland modified their operational activity and engaged with the new technology. Their commitment and willingness to embrace this change in a real operational environment is admirable. And finally Valentia Technologies, through an innovative and novel approach, have demonstrated how to exploit new technology in an efficient and effective manner. EMS in Ireland is embracing cutting edge technology that will be used to audit, review and plan service provision based on actual event data.



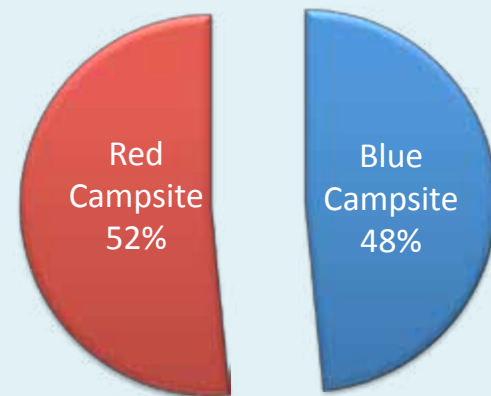
Patrick Ryan, Valentia Technology; Fergus Ryan, Paramedic, Event Medical Services; Capt Adrian Fallen, Duty Manager, OMI and Taunya O'Neill-Wade, Manager, Event Medical Services reviewing data on the triage screen in the hospital tent.

Sample of some Orogen eACR data

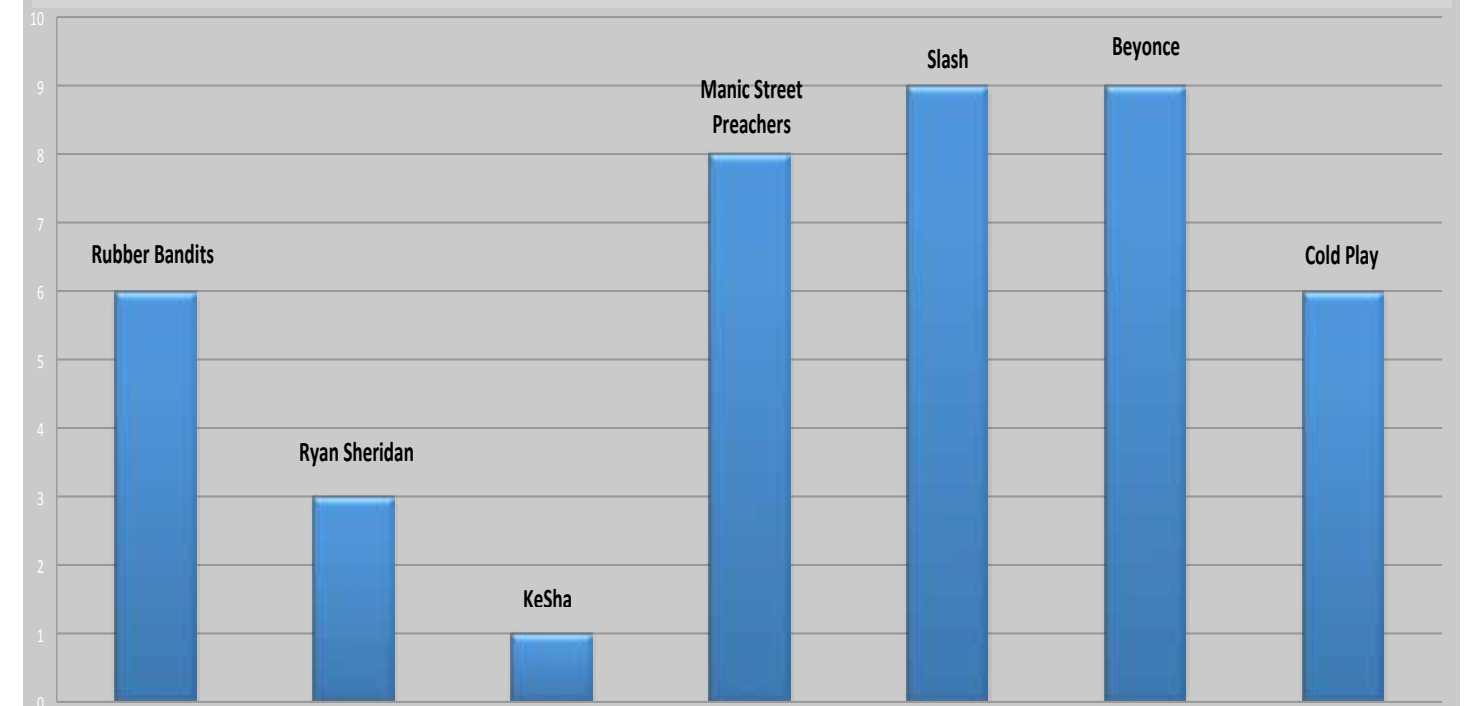
Activity by Stage Location
OMAC



Activity by Camp Site Location
Civil Defence

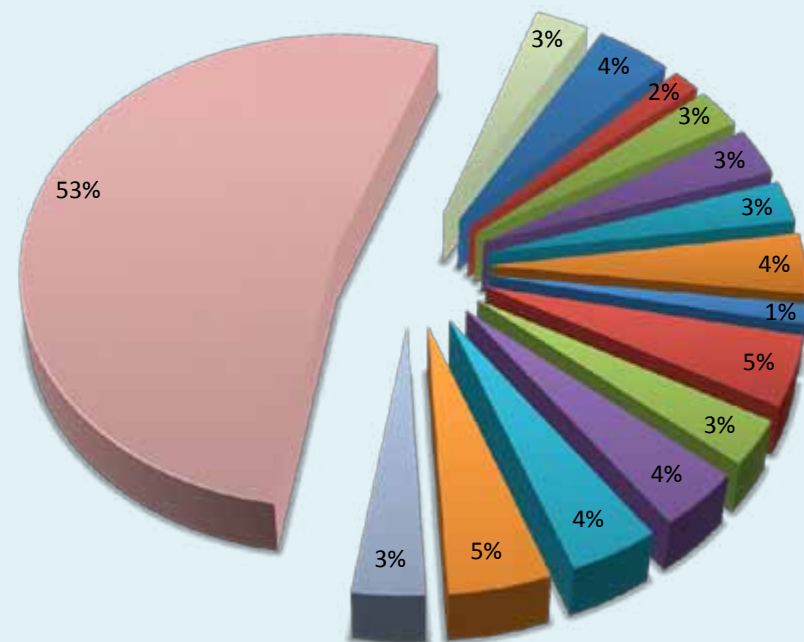


Activity Analysis by show Main Stage - Sunday, 10/07/2011

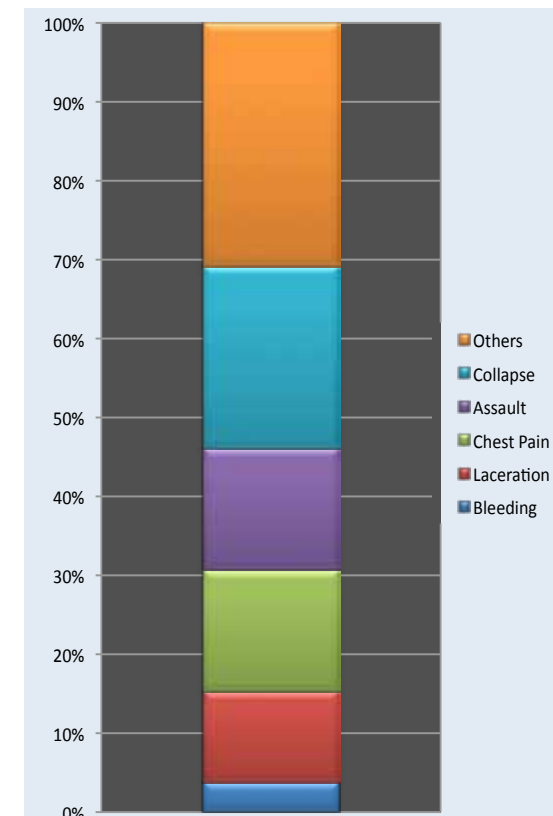


Complaints %age

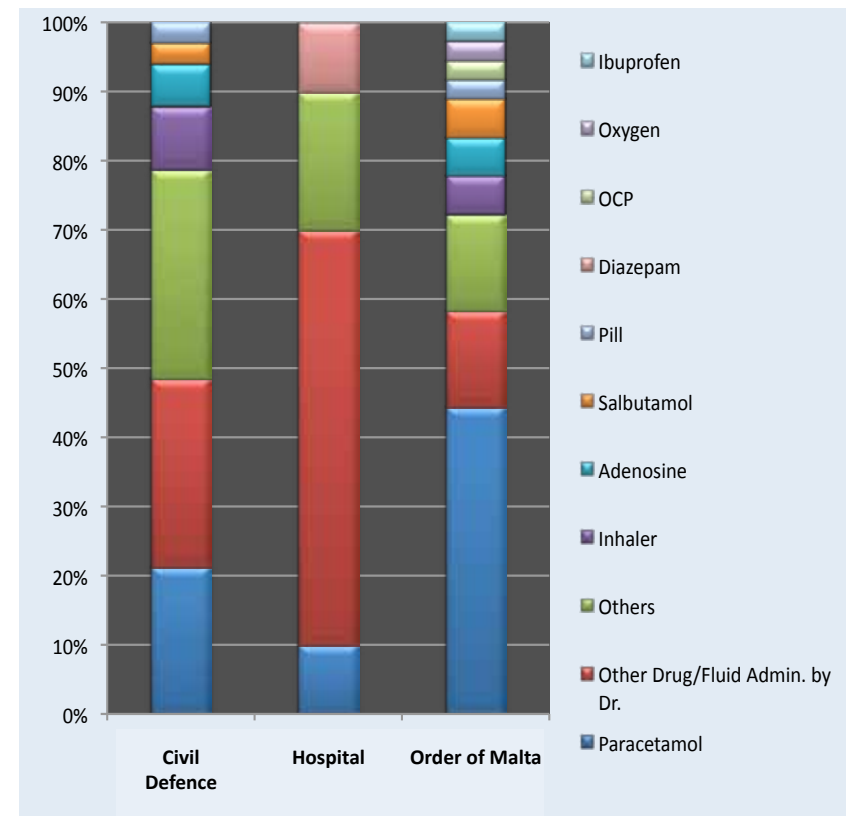
- Abdominal Pain
- Alcohol Related
- Allergic Reaction
- Assault
- Back Pain
- Bleeding
- Blister
- Burn
- Chest Pain
- Collapse
- Eye Injury/Problems
- Headache
- Laceration
- Others
- Vomiting



Complaints at Hospital
Saturday, 08/07/2011



Medication Administered by
EMS on Monday, 11/07/2011





	CPR	OFA	EFR	EMT	Paramedic	Advanced Paramedic
3rd Edition CPG Approved Organisations						
Beaumont Private Ambulance Limited						
Cara Ambulance Service						
CHC Ireland Limited						
Civil Defence						
Dublin Airport Authority						
Dublin Fire Brigade						
HEART ER Limited						
HSE National Ambulance Service						
Irish Red Cross						
Lifeline Ambulance Service						
Medicall Ambulance Limited						
Medicare Medical Services Ltd						
Medilink Ambulance services						
Motorsport Rescue Services						
Murray Ambulance Service Ltd						
Order of Malta Ambulance Corps						
St John Ambulance Brigade						
Star of Life						
The Turf Club						
2nd Edition CPG Approved Organisations						
Defence Forces Army Medical Corps						
Event Medical Services						

Deployment of Staff - Clarification

Recently concerns have been expressed about deployment of frontline emergency ambulances. An intern paramedic has advised that he has been required to work alongside another employee, whom he alleges is not on the Pre-hospital Emergency Care Council (PHECC) register. The intern's specific query was "How is this possible and where do I stand if something goes wrong in the back of the ambulance and will it affect my licence?" This intern was informed that he is responsible and accountable for his own practice only and that if he complies with his status on the register and relevant PHECC Clinical Practice Guidelines (CPGs) then he has nothing to fear. The intern was also advised that he is not responsible for the crewing of frontline ambulances.

I would like to highlight that the practice of deploying any individual on a frontline emergency ambulance, who is not a PHECC-registered practitioner, exposes the service provider. Three conditions must be met to enable frontline emergency ambulance service staff to practice.

- Firstly, s/he must be current on the PHECC register of pre-hospital emergency care practitioners.
- Secondly, s/he must be working on behalf of a CPG-approved service provider.
- And finally his/her scope of practice is governed by their status on the register in association with the relevant PHECC CPGs and the corresponding approved medications lists.

Failure to simultaneously meet ALL three requirements means that s/he is not authorised to perform any of the interventions contained in the PHECC CPGs. Any administration of medications by such individuals would be outside the law.

As Registrar, this matter is a cause of concern. I must counsel that deployment of staff, who are not PHECC-registered practitioners, in frontline emergency ambulances is unsafe.

Barry O'Sullivan – Registrar, October, 2011.



The Centre for Prehospital Research (CPR) at the University of Limerick aims to foster research within the pre-hospital community in Ireland. In association with the Pre-hospital Emergency Care Council (PHECC) they provide advice and support to pre-hospital researchers, in addition to undertaking primary research.

CPR is delighted to announce the appointment of Niamh Cummins, Ph.D. as Research Manager. If you are interested in getting involved in research or require support on current projects, including advice on research proposals, study design, ethical approval, library and IT skills, statistics etc. Please contact Niamh, Email niamh.cummins@ul.ie Office (061) 234720 Mobile (086) 771669.

New Memorial Garden for HSE NAS Loughlinstown Ambulance Station



Staff at the HSE NAS Loughlinstown Ambulance Station in Shankill Co. Dublin recently completed a memorial garden in memory of

deceased members of the ambulance service who have served in the former Eastern Regional Area which includes the counties Dublin, Kildare and Wicklow. On an initially rainy Sunday, 4th September, an ecumenical blessing ceremony took place and was officiated by Fr. John O'Connor wonderfully. Shankill parish church, and Rev Fred Appleby, C.O.I. Church Shankill. The sun did not take long to come out and a wonderfully engaging day was had by all. Refreshments and the sound of laughter, nostalgia and talk of times and persons in the past filled the station and open areas by the visitors who attended. This guest list was well populated by relatives of deceased members, retired and serving members of staff, management, families, friends and local residents.

Mrs Barbara Cole, widow of David Cole who worked in Loughlinstown station for many years, was invited to formally open and unveil the memorial garden and granite centrepiece feature.

This initiative was undertaken, sourced and pursued over a long number of months to completion by two paramedics in the station who deserve special mention, Mr Kevin Deithrich and Mr Frank Kennedy. Both gave generously and willingly of their time and effort.

Funding for the development of this worthwhile project was sought on a voluntary basis and came from many sources, namely: the Health Services Staffs Credit Union, Seaview Residents Association, Greenstar, Heatherhouse Hotel (Bray), Mr Connor Cooke, Cabinteely Garden Centre, Shanganagh Memorials, Mr Paul Durkin, Mr Thomas Byrne (D.L.R. County Council), Technical Services St Columcilles Hospital, Ms Sharon Mooney, Ms Fiona Geoghegan and all the staff who contributed so generously. Mr Brian O'Reilly, advanced paramedic Swords Station, NAS Pipe Band, played the bagpipes on the day and the organisers thank him for this efforts and enjoyable music on the day. There is always something special and appropriate about uniformed services and the playing of pipes and drums.

The memorial garden is situated in a secluded area adjacent to the side of the station. The variety of plants, garden lights, assorted paving and seat benches provides a place of tranquillity and reflection for anybody wishing to use it.

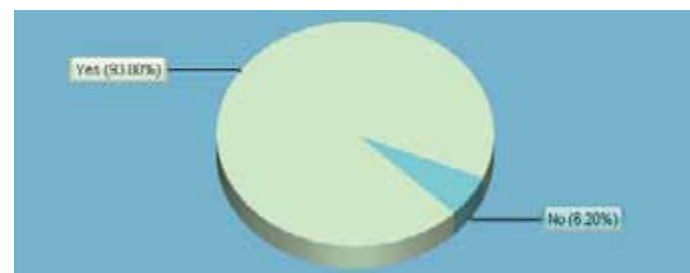
eLearning Progress Update

PHECCs involvement in e-learning is spread over five separate projects. The initial investment was in supplying Internet-enabled PCs to all HSE and DFB ambulance stations. This initial investment was an enabling initiative to support the e-learning modules. To date the following have been developed and deployed:

- Paramedic CPG 3 upskilling
- IM injection module
- AP upskilling modules 1 & 2
- Web casts (spin off from AP modules)
- CFR 2011 instructor upskilling module

The following report summarises usage of the e-learning modules to 30 Aug 2011.

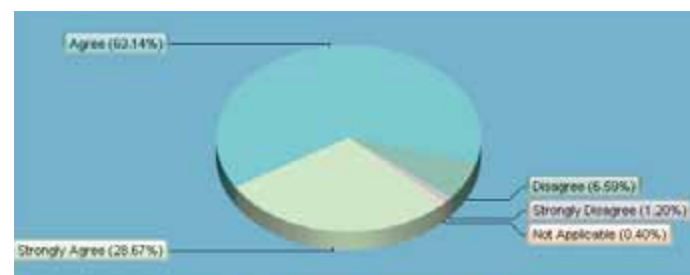
Question 3: I thought the use of video, interactive elements and voice-over really helped bring the programme to life and put the training points across.



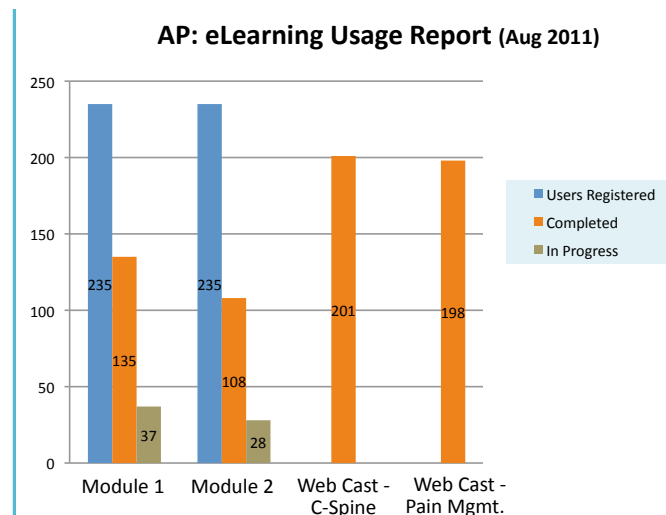
Question 4: I would be interested in doing more upskilling courses through the medium of e-learning.



Question 5: I think the programme gave me a sound level of training in the subject matter.



The response of registrants to the e-learning initiatives has been overwhelmingly positive. It delivers material directly and is a key building block for practitioner professionalism. The evaluation report on AP engagement in e-learning is very reassuring. Exploitation of electronic information resources and new media will be a key element in future development of the EMS profession.



Continued overleaf

AP Module Evaluation (Survey Results - Extract)

- Advanced Paramedics are prepared to take responsibility for their own education and appreciate the ability to schedule their own learning time with 93.3% appreciating the opportunity to review foundation information during the module.
- Advanced Paramedics clearly want to be challenged by e-learning and are requesting more interactivity. They also want to be tested on completion with 93% indicating the importance of a final test after completion of the modules.
- eLearning can influence behaviour and lead to changes in clinical practice - 91.1% of respondents indicated that they intend to change aspects of their practice due to information contained in the module.
- The evaluation of this project provides direct evidence that pre-hospital practitioners have responded positively to e-learning.
- A new method of receiving learning has been introduced to a target group where

100% of survey respondents agreed that they have benefited from the information delivered and 95.6% indicated that they would like to complete modules like this on a regular basis.

Proposed additional modules for development and roll out in the future are:

- EMT CPG 3 and Ilcor upskilling
- Paramedic Ilcor upskilling
- AP modules 3-5
- Web casts

"I can't use a computer – How am I supposed to do the upskilling?"

PHECC's online upskilling package was developed to allow practitioners access upskilling at a time and place of their choosing. In anticipation of any difficulties with availability of computers in the stations, and in addition to the PCs previously made available by us, we funded the purchase of a multimedia PC for each statutory ambulance station in the country. While the older PC may be slow or unserviceable by now, the new one should be available to practitioners in any HSE or DFB ambulance station. If for any reason you choose not to use the station PC then the use of the PC facility in any public library is a recommended alternative.

The upskilling package is designed to accommodate all levels of end-user technological ability. It is presented as both intuitive and easy to use but also backed by a dedicated help desk to talk practitioners through any issues they are experiencing. This 'belt and braces' approach is proving to be extremely successful with technical ability becoming less of a challenge for practitioners as they embrace the technology.

Peer support is another approach being suggested for those with difficulty gaining access to the online package. Practitioners can ask a colleague in their station to show them how to turn on and start the programme. Anecdotally, this method is commonly used by DFB and HSE staff and overcomes the access problem. A final suggestion is that in service training staff should be asked to demonstrate how the system works.

EMS staff who have encountered difficulties have been able to overcome them through a combination of the above approaches and have gone on to successfully complete the programme.

Important information for all Cardiac First Response Instructors - Community and Advanced Courses

- To date (20.10.2011) 711 CFR instructors have registered and 549 have successfully completed PHECC's Online CFR Instructor update. PHECC invites any remaining CFR instructors to undertake this free online course. The course may be accessed through PHECC's home page or <http://e-learning.phecc.ie>. Completion of this course for existing instructors is mandatory prior to teaching the new 2011 CFR courses.



- The new CFR training materials are now available to purchase using PayPal from www.phecc.ie or directly from your recognised institution. The new training materials include the CFR Instructor pack (including text books and DVD) and the Student Handbook.

- We plan to carry out an evaluation of the 2011 CFR course materials including a survey of CFR instructors in the New Year.

- PHECC has dedicated a webpage for CFR instructors (located under the Education and Training tab on our home page). It is already generating much interest especially the frequently asked question (FAQ) section that is updated at least once a week based on phone and email queries. Everything you every wanted to know about CFR is there, if not please email your question to info@phecc.ie for a prompt response.



- PHECC's CFR Community Online course is nearing completion. More about this innovation in e-learning in the winter newsletter.

Registrant Consultation

We wish to consult with registrants on the following proposed Register-related developments which are designed to future-proof the Register, streamline the registration process and to provide additional efficiencies in the management of registrant data.

These proposals refer to –

- PIN number
- Annual renewal dates
- Online registration renewal
- Consultation feedback

Six-Digit PIN Numbers

In order to future proof the register and to facilitate the increasing number of PINs being issued, we propose to increase PIN numbers from four to six digits. The impact of this change on current registrants will be minimal in that existing PINs will not change other than being reissued with '00' before it, e.g. 00XXXX. All new PINs issued from January 2012 will be in the six-digit format.

Annual Renewal Dates

Registration dates are to be annualised at each level on the register. Common registration renewal dates are proposed as follows:

- EMT – July
- Paramedic – April
- Advanced Paramedic – September

Online Registration Renewal

An online registration renewal system is being developed to make initial registration easier and faster and to facilitate registrants in managing their own details directly. Planned rollout for this is 2012.

Following consultation, these three developments will be implemented in tandem with each other.

Consultation Feedback

All practitioners are invited to give feedback on these proposals on SurveyMonkey at <https://www.surveymonkey.com/s/jxms2tm> by 8th December.



Emergency Medical Technicians (EMTs) and Continuous Professional Competence (CPC)

As part of the CPC consultation process for EMTs CPC PHECC will be presenting information evenings in three locations nationwide in the new year.

The first discussion forum held at RESUS in April of this year was followed by a national electronic survey. The survey received an exceptional response and yielded many interesting points for consideration and inclusion in the proposed structure of CPC for EMTs.

The second phase of the consultation process was to circulate a CPC information booklet to organisations and recognised institutions for feedback. This information booklet will soon be distributed to all EMTs.

Information Evenings.

It is essential that all EMTs are aware of their own responsibilities in order to ensure compliance with the CPC requirements. The purpose of these information evenings is to provide further clarification on any required components of CPC. The evenings will be planned as a maximum 2-hour event comprising of a presentation followed by a questions and answer session.

The evenings are offered to individuals who might like to come along and listen/ask questions but it is not compulsory for you to attend.

EMTs will be contacted by email with further details (please ensure that your email address on the PHECC database is correct by sending an email to info@phecc.ie).

Thank you for your valuable input to date and I look forward to meeting you at one of the events.

Shane Knox
PHECC – CPC Project.

Saving Lives – All in a normal day's work?

GPs are rarely involved in direct 'life-saving', but it's always helpful to know what to do in such situations, writes Michael O'Brien.

It must be a wonderful feeling to come in from a day's work and be able to say: 'I saved a life today'. It's not something that GPs get the opportunity to do with any regularity. In reality, we are probably saving many lives every day, except there is no drama involved. By this I mean we are performing adequate management of chronic disease, timely intervention in treating infections, and prompt diagnosis and treatment of mental illness.

According to a study led by Prof Gerard Bury, which was an observational study from 426 general practices in Ireland looking at cardiac arrests in a general practice setting, some 26 patients owed their lives to the use of a defibrillator in general practice. This study came about because of the Merit project, which was established as a national training/equipment project on defibrillation in general practice. Over a 36-month period, there were 144 events. Some 88% of events were witnessed, 32% by general practice staff, and 58% of events occurred in the general practice or in the patient's home. The GP was on the scene before the ambulance in 73% of cases, and 52% of the patients were defibrillated. An impressive 26 patients were discharged from hospital. That is an impressive one-fifth of these former 'dead' patients brought back to life as a result of this project.

I am proud to be part of the Merit project and lucky enough that I have not had to use my defibrillator in my time with the project. I was provided around five years ago with a defibrillator and training in ACLS and ATLS over a two-day period. It is amazing with adequate training how confident you become in dealing with a very stressful life and death situation. But, with time and lack of retraining, one loses one's confidence and skills in managing cardiac arrests. I completed a retraining course about two years ago and was afforded the opportunity to retrain last week.

This training day was run by two GPs and a few advanced paramedics in UCD. The day was fantastic. We were given up-to-date information with regard to 30:2 compression: ventilation ratios, managing airways, recognizing cardiac rhythms and the use of cardiac drugs in an arrest situation. As GPs, we all had to lead a team of our colleagues and to make best use of their skills. Once again we were all energised and raring to go, ready for our next emergency. The knowledge and professionalism of the advanced paramedics was impressive and I know how important they are from my limited experience with them. I can recount two stories from my own life, one where I've never been as happy to see a paramedic, and the other where the patient was probably alive as a result of the paramedic saving him from the general public.

The first case involved a six-week-old baby who was brought into the practice by her distraught mother after turning blue. Rule number one: phone the ambulance immediately. This was done and because the child was in bronchospasm, nebulisers and oxygen were started. Each second that ticked by seemed to last forever and when the paramedics arrived I was so relieved to see them. They immediately

took charge of the situation and were out of the office within two minutes. That baby lived.

The second situation was after Ireland's win over England in the Six Nations this year when myself and my brother (who is also a doctor) were leaving a hotel. As we were about to step into a taxi, we saw a man collapsed on the ground. It was impossible to say whether this was drink-related or an arrest situation. There was a crowd around this elderly gentleman and he was half lying in shrubbery. People were performing cardiac compressions, but no one seemed to know what they were doing and no one was in charge. It was absolute mayhem, with a crowd of well meaning but well-oiled bystanders. Again, remembering rule number one, I made sure an ambulance was called. Then I asked if anyone had checked for a pulse. Sure enough, when we checked he had a strong carotid pulse. Then I was in a dilemma. If he wasn't alert, should we continue compressions or was he just inebriated? Thankfully, the fire brigade arrived and took charge. The first thing they did was pull him out of the shrubbery and put him in the middle of the road so he was accessible on all sides. They then ripped open his shirt, revealing a previous CABG scar. Obvious measures in hindsight but not something I had thought of. Myself and my brother let the professionals take over and retreated to our taxi, not sure whether we helped or hindered the situation.

At the conclusion of our training course in UCD, we were reminded to check our AED and ensure that the battery was in perfect working order and the defibrillator pads were still in date. To my horror, the pads were about three years out-of-date and the battery was low. Can you imagine the extreme embarrassment and likely poor outcome if I had arrived at a cardiac arrest, pushing bystanders out of the way, only to find that my AED was not capable of shocking? This caused me to have a rethink of my policy of checking my equipment and emergency / anaphylactic medication, ensuring that I now perform it on a monthly basis. Congratulations and thanks to the forward thinkers who initiated the Merit project (www.ucd.webdirect.ie/merit.html) and keep it alive. It does save lives!

Michael O'Brien is in practice in Leopardstown, Co. Dublin.

¹Resuscitation, 2009; 80(11): 1244-7. Epub 2009 Aug 31.

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Field Guide 2011

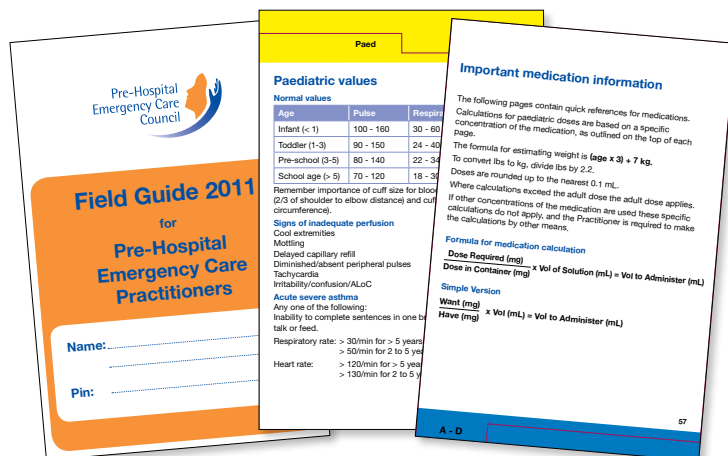
Field Guide 2011 is currently at print stage with plans to have it posted to all registered practitioners in the coming weeks.

You will recall the comprehensive consultation exercise carried out earlier this year following distribution of the draft version to all registrants. In excess of six hundred practitioners participated in the survey by submitting feedback through an online survey, the results of which we reported on in the summer edition of the Voice. This feedback was analysed and recommendations for improvement incorporated into the final edition where appropriate.

With durability being a primary consideration among practitioners, this final edition is being printed on what is commonly-called 'never tear' paper. This is high-density Polyethylene film which is very durable, almost completely tear-proof, and resistant to most fluids and chemicals. Field guide 2011 runs to 126 pages and is designed to fit uniform / shirt pockets. The colour-coded solid tabs distinguishing each section adds to its durability and the blank 'notes' pages dispersed throughout will facilitate practitioners in jotting down their own specific information where needed. The robust spiro-bound binding also adds to its' durability.

Many thanks to all of you who took the time to share your thoughts and comments with us. Your efforts have made this publication truly worthy of the title Field Guide 2011 for Pre-Hospital Emergency Care Practitioners.

You should receive your complementary copy by post no later than mid-December. Email info@phecc.ie if you think your postal details need to be updated.



Department of Nursing Waterford Institute of Technology

'Facing health care challenges in times of emergency'

The aim of this one day conference will be to explore what Irish emergency planning and health care professionals can learn from past experiences of delivering health care in areas of conflict and disaster, both national and international, to better inform domestic responses when dealing with the victims of conflict and crisis in the future, such as air disasters and the recent flooding.

International and National Experts will talk on subjects including three thousand years of military nursing; critical incident stress management; combat casualty care; lessons learned on emergency planning when dealing with natural disasters; emergency planning for disaster management in Ire-land; emergency response in Ireland - the role of advanced paramedics and what we have learned from the Cork air disaster.

**Date: Friday 9th December 2011 Venue: O'Connell Bianconi Building,
Cork Road Campus, Waterford Institute of Technology**

**Registration: at 8.30 am - Conference free of charge
Light refreshments will be provided .**

**For Bookings: Ms Breda Walsh, Departmental Secretary, Department of Nursing.
Tel: 051 845567 / Email bawalsh@wit.ie (Booking is essential)**

Speakers

Dr Maura Pidgeon
Chief Executive Officer
An Bord Altranaís
Ireland

Dr Yvonne McEwan
Senior Official Historian to the
British Army Nursing Services
University of Edinburgh
UK

Lt. Co. Ollie Barbour
Director Personnel Services
Irish Defence Forces

Captain Sara Ecclestone
United States Army Medical Corps
USA

Dr Kieran O'Connor
Senior Medical Officer, Department of Public
Health, HSE South.

Professor Dianne Cooney Miner & Professor
Mary Collins, Wegmans School of Nursing, St
John Fisher College, Rochester, USA

Dr. Mark Doyle, Consultant in Emergency
Medicine, Waterford Regional Hospital &
Deputy Medical Director of the National
Ambulance Service
Ireland

Ms Emily Lockwood Advanced Nurse
Practitioner, WRH & Ms Karen Brennan,
Advanced Nurse Practitioner, STGH, Ireland

Professor Gerard Bury, Centre for Immediate
Care Services, UCD Ireland

Dr. Gerard McCarthy, Consultant in Emergency
Medicine, Cork University Hospital, Ireland