



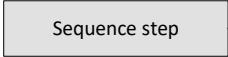
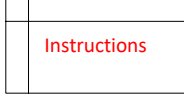
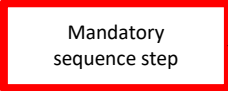
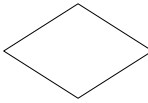
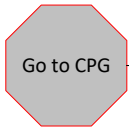
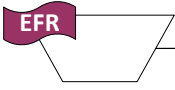
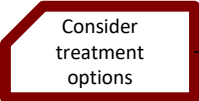
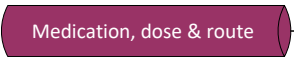
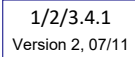
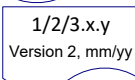
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First Aid Responder CPGs

First Aid Response

2026 Edition

CLINICAL PRACTICE GUIDELINES

Codes Explanation

	<u>Cardiac First Responder</u> (Level 1) for which the CPG pertains		First Aid Responder or lower clinical levels not permitted this route
	<u>First Aid Responder</u> (Level 2) for which the CPG pertains		Ring ambulance control
	<u>Emergency First Responder</u> (Level 3) for which the CPG pertains		Request an AED from local area
	A sequence (skill) to be performed		An instruction box for information
	A mandatory sequence (skill) to be performed		<u>Special Instructions</u> Which the Responder must follow
	<u>A Decision Process</u> The Responder must follow one route		A direction to go to a specific CPG following a decision process [Note: only go to the CPGs that pertain to your clinical level]
	A skill or sequence that only pertains to EFR or higher clinical levels		A clinical condition that may precipitate entry into the specific CPG
	Given the clinical presentation consider the treatment option specified		<u>Special Authorisation</u> This authorises the Practitioner to perform an intervention under specified conditions
	<u>A medication which may be administered by a CFR or higher clinical level</u> The medication name, dose and route is specified		Finding following clinical assessment, leading to treatment modalities
	<u>A medication which may be administered by an EFR or higher clinical level</u> The medication name, dose and route is specified		Reassess the patient following intervention
	<u>CPG numbering system</u> 1/2/3 = clinical levels to which the CPG pertains x = section in CPG manual, y = CPG number in sequence, mm/yy = month/year CPG published		A Cyclical Process in which a number of sequence steps are completed
			A Parallel Process in which a number of sequence steps are completed

ACCEPTED ABBREVIATIONS

CPG 2026 Practitioner

Advanced Paramedic	AP
Advanced Life Support	ALS
Airway, Breathing & Circulation	ABC
All-Terrain Vehicle	ATV
Altered Level of Consciousness	ALoC
Automated External Defibrillator	AED
Bag Valve Mask	BVM
Basic Life Support	BLS
Blood Glucose	BG
Blood Pressure	BP
Basic Tactical Emergency Care	BTEC
Capillary Refill Time	CRT
Carbon Dioxide	CO ₂
Cardiopulmonary Resuscitation	CPR
Cervical Spine	C-spine
Chronic Obstructive Pulmonary Disease	COPD
Clinical Practice Guideline	CPG
Continuous Positive Airway Pressure	CPAP
Degree.	°
Degrees Celsius	°C
Dextrose (Glucose) 10% in water	D ₁₀ W
Dextrose (Glucose) 5% in water	D ₅ W
Do Not Resuscitate	DNR
Drop (gutta)	gtt
Electrocardiogram	ECG
Emergency Department	ED
Emergency Medical Technician	EMT
Endotracheal Tube	ETT

Foreign Body Airway Obstruction	FBAO
Fracture.....	#
General Practitioner.....	GP
Glasgow Coma Scale	GCS
Gram	g
Intramuscular.....	IM
Intranasal	IN
Intraosseous.....	IO
Intravenous	IV
Joules.....	J
Kilogram	kg
Laryngeal Mask Airway	LMA
Mean Arterial Pressure.....	MAP
Medical Practitioner.....	MP
Microgram	mcg
Milligram.....	mg
Millilitre.....	mL
Millimole	mmol
Minute.....	min
Modified Early Warning Score.....	MEWS
Motor Vehicle Collision.....	MVC
Myocardial Infarction	MI
Milliequivalent.....	mEq
Millimetres of mercury.....	mmHg
Nasopharyngeal airway.....	NPA
Nebulised	NEB
Negative decadic logarithm of the H ⁺ ion concentration	pH

Orally (per os)	PO
Oropharyngeal airway... ..	OPA
Oxygen	O ₂
Paramedic.....	P
Peak Expiratory Flow Rate.....	PEFR
Per rectum.....	PR
Per vagina	PV
Percutaneous Coronary Intervention	PCI
Personal Protective Equipment.....	PPE
Psychiatric Nurse	PN
Pulseless Electrical Activity	PEA
Pulseless Ventricular Tachycardia.....	pVT
Respiration rate	RR
Return of Spontaneous Circulation	ROSC
Revised Trauma Score	RTS
Saturation of arterial Oxygen.....	SpO ₂
Spinal Motion Restriction	SMR
ST Elevation Myocardial Infarction.....	STEMI
Subcutaneous	SC
Sublingual	SL
Supraventricular Tachycardia	SVT
Systolic Blood Pressure	SBP
Therefore	:
Total body surface area	TBSA
Ventricular Fibrillation	VF
Ventricular Tachycardia	VT
When necessary (pro re nata).....	prn



Care Principles

Responder v4

SECTION 1 - Care Principles (Responder)

Care principles are goals of care that apply to all patients. Scene safety, standard precautions, patient assessment, primary and secondary surveys and the recording of interventions and medications on the Ambulatory Care Report (ACR), are consistent principles throughout the guidelines and reflect the practice of responders. Care principles are the foundations for risk management and the avoidance of error.

PHECC Care Principles

1. Ensure the safety of yourself, other emergency service personnel, your patients, and the public:
 - Review all pre-arrival information.
 - Consider all environmental factors and approach a scene only when it is safe to do so.
 - Identify potential and actual hazards and take the necessary precautions.
 - Liaise with other emergency services on scene.
 - Request assistance as required in a timely fashion, particularly for higher clinical levels.
 - Ensure the scene is as safe as is practicable.
 - Take standard infection control precautions.
2. Call for help early:
 - Ring 112/ 999 using the RED card process, or
 - obtain help from practitioners on scene through pre-determined processes.
3. A person has capacity in respect to clinical decisions affecting themselves unless the contrary is shown (Assisted Decision-Making (Capacity) Act 2015).
4. Seek consent prior to initiating care:
 - Patients have the right to determine what happens to them and their bodies
 - For patients presenting as P or U on the AVPU scale, implied consent applies.
 - Patients may refuse assessment, care and/or transport.

5. Identify and manage life-threatening conditions:
 - Locate all patients. If the number of patients is greater than resources, ensure additional resources are sought.
 - Assess the patient's condition appropriately.
 - Prioritise and manage the immediate life-threatening conditions first.
 - Provide a situation report to Ambulance Control Centre (112/999) using the RED care process as soon as possible after arrival on scene.
6. Ensure adequate Airway, Breathing and Circulation:
 - Ensure airway is open.
 - Commence CPR if breathing is not present.
 - If the patient has abnormal work of breathing ensure 112/999 is called early.
7. Control all external haemorrhage.
8. Identify the most important presenting condition and treat accordingly.
9. Place the patient in the appropriate posture according to the presenting condition.
10. Ensure maintenance of normal body temperature (unless a CPG indicates otherwise).
11. Provide reassurance at all times.
12. Monitor and record patient's vital observations.
13. Maintain responsibility for patient care until handover to an appropriate responder/ practitioner.
14. Complete a patient care record following an interaction with a patient.
15. Identify the clinical lead on scene, this should be the most qualified responder on scene.
16. Ambulances, medical rooms and equipment should be decontaminated as appropriate following an interaction with a patient.

Take standard infection control precautions

Consider pre-arrival information

Scene safety
Scene survey
Scene situation

Control catastrophic
external haemorrhage

Mechanism of
injury suggestive
of spinal injury

Passive spinal
motion restriction

Assess responsiveness

Unresponsive

Responsive

112 / 999

Request
AED

Airway patent

No

Yes

Head tilt/chin lift

Maintain

Go to
FBAO
CPG

Airway
obstructed

Yes

No

Go to BLS
CPG

Breathing

No

Yes

Treat life-threatening injuries only
at this point

Pulse, Respiration &
AVPU assessment

Consider expose & examine

Formulate RED card
information

Normal rates
Pulse: 60 – 100
Respirations: 12 – 20

112 / 999 (if not already called)



Maintain care
until handover
to appropriate
Practitioner

Go to
appropriate
CPG

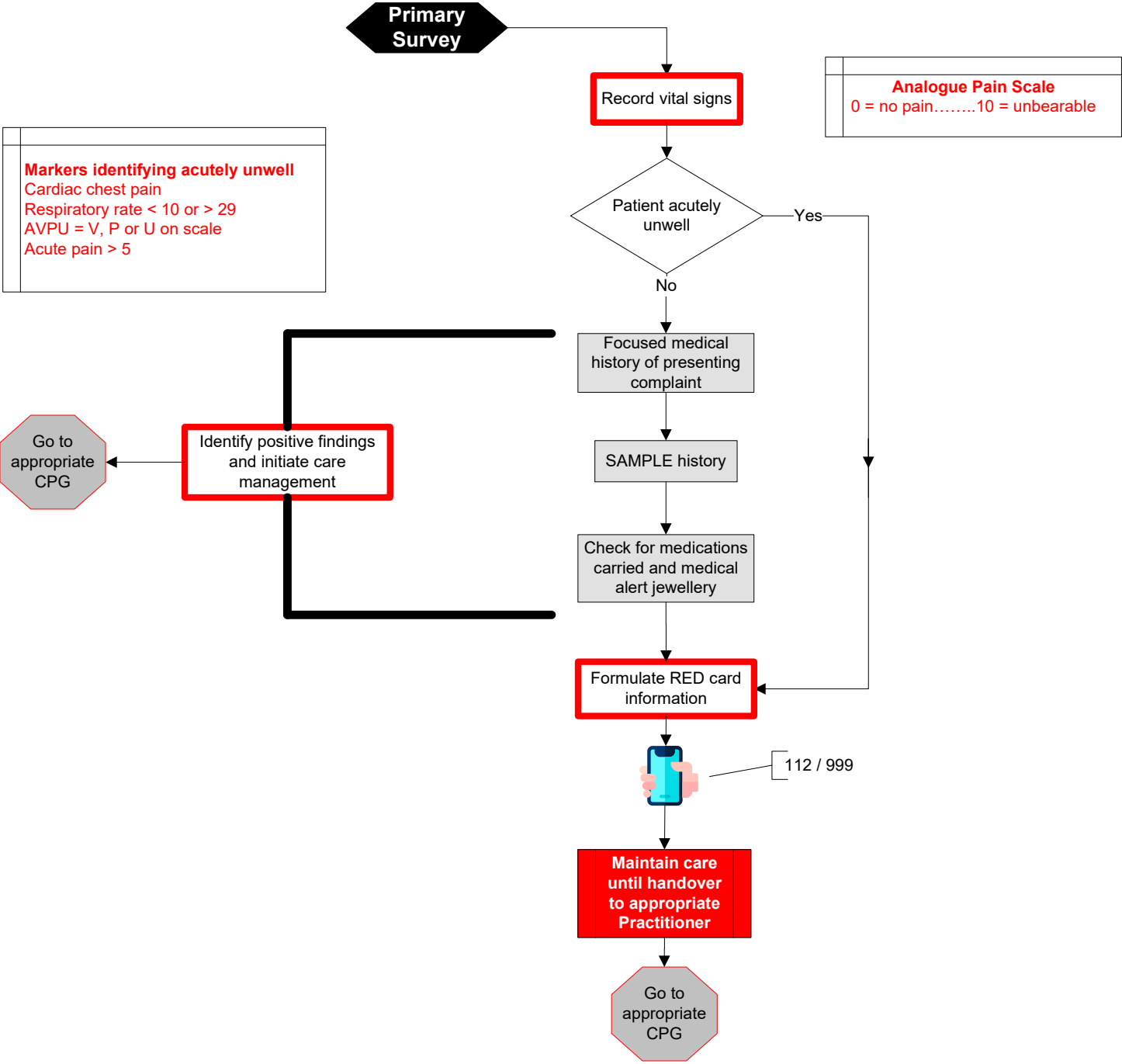
Appropriate Practitioner
Medical Practitioner
Nurse
Advanced Paramedic
Paramedic
EMT

RED Card

Information and sequence required by Ambulance Control
when requesting an emergency ambulance response:

- 1 Phone number you are calling from
- 2 Location of incident
- 3 Chief complaint
- 4 Number of patients
- 5 Age (approximate)
- 6 Gender
- 7 Conscious? Yes/no
- 8 Breathing normally? Yes/no

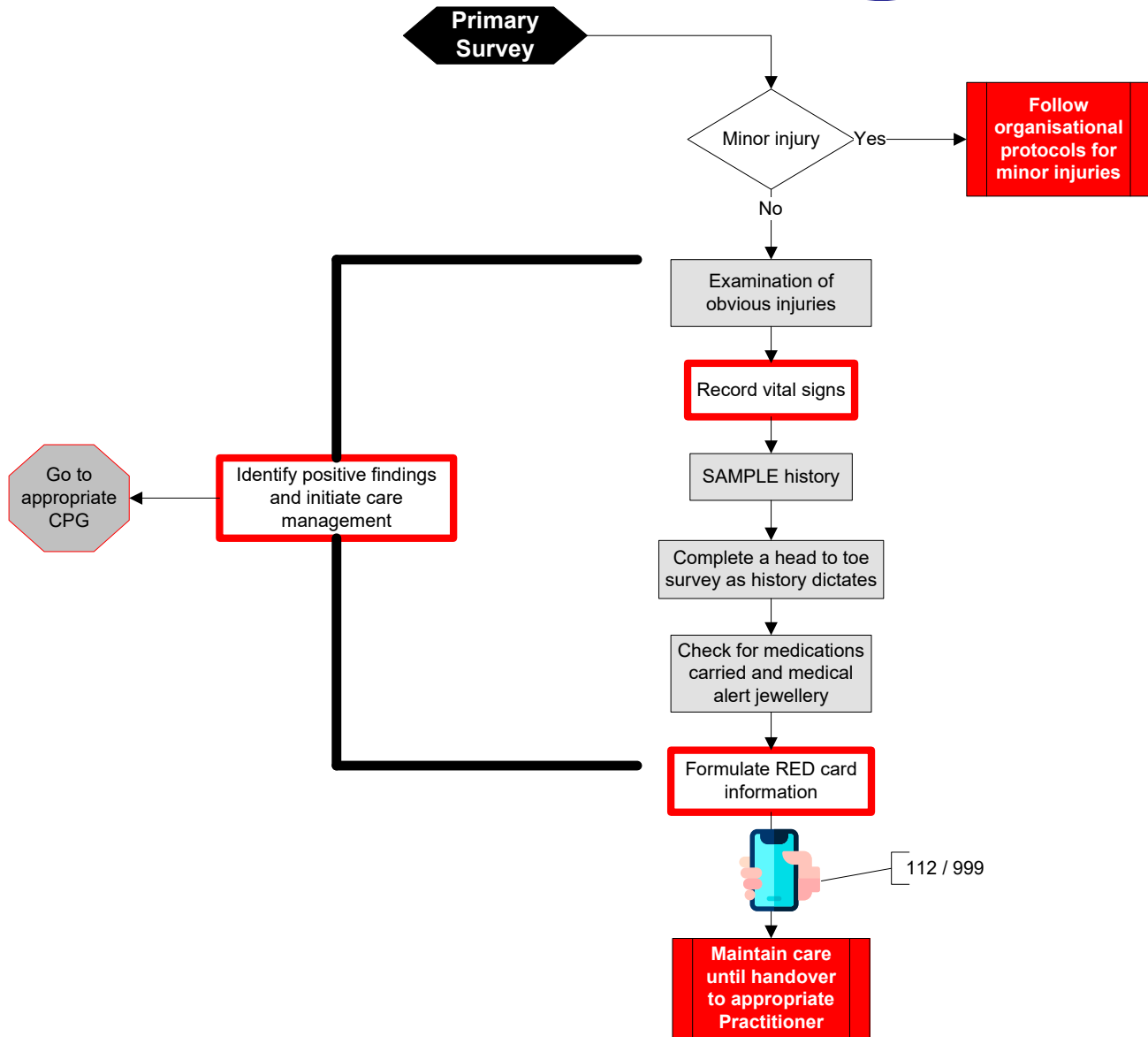
If over 35 years – Chest Pain? Yes/no
If trauma – Severe bleeding? Yes/no



RED Card
Information and sequence required by Ambulance Control when requesting an emergency ambulance response:

- 1 Phone number you are calling from
- 2 Location of incident
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- 4 Number of patients
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- If over 35 years – Chest Pain? Yes/no
- If trauma – Severe bleeding? Yes/no

Appropriate Practitioner	
Medical Practitioner	
Nurse	
Advanced Paramedic	
Paramedic	
EMT	



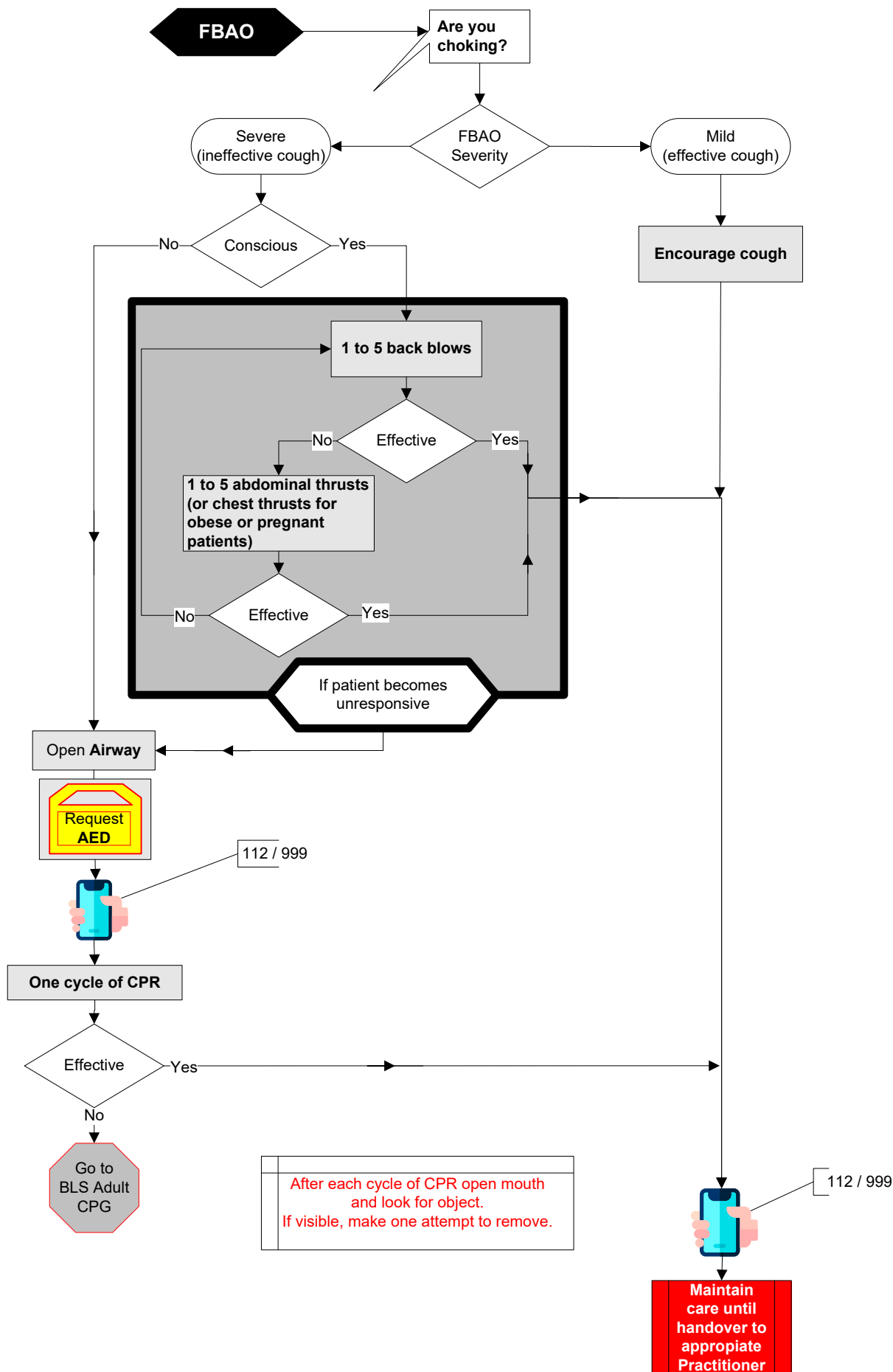
RED Card

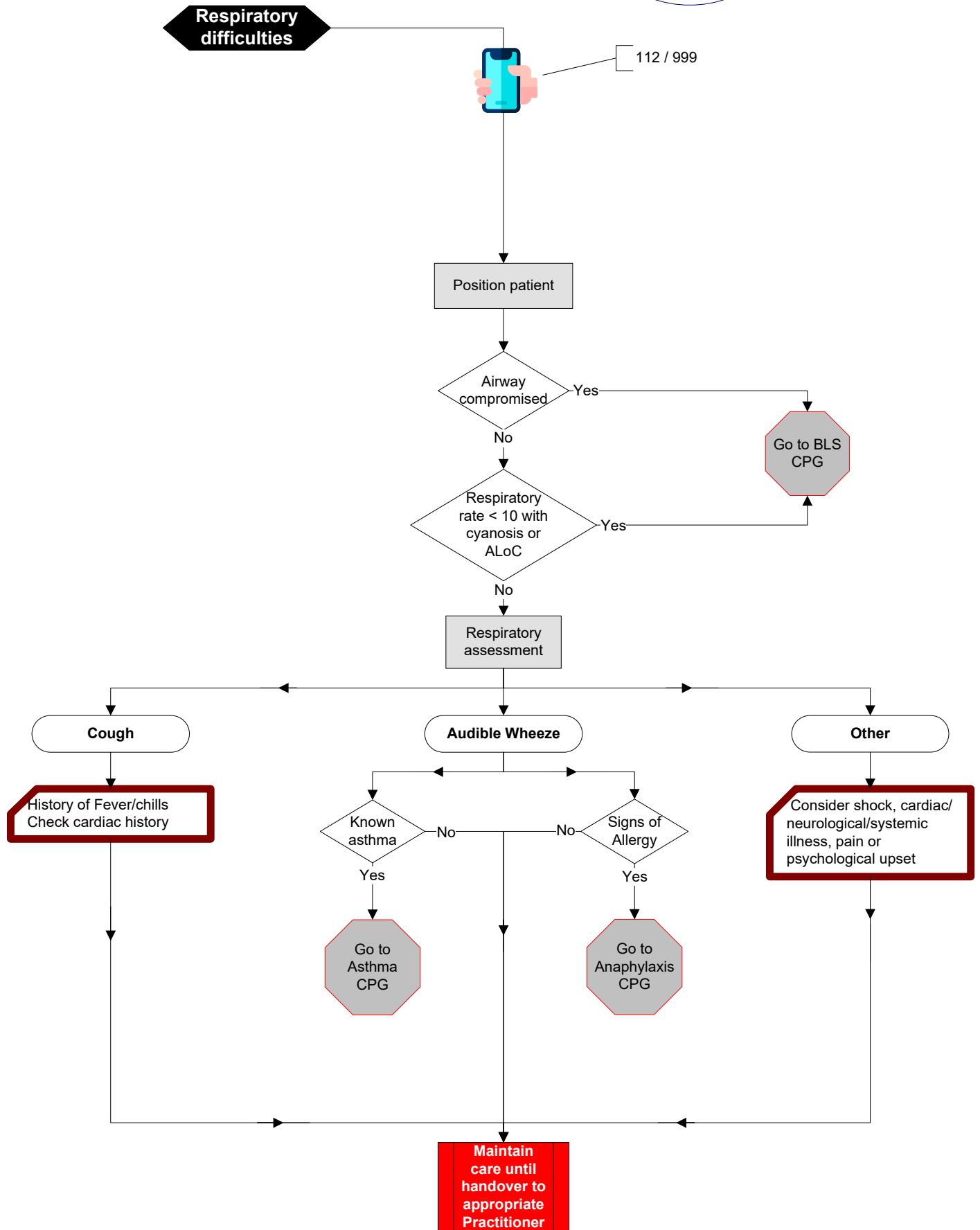
Information and sequence required by Ambulance Control when requesting an emergency ambulance response:

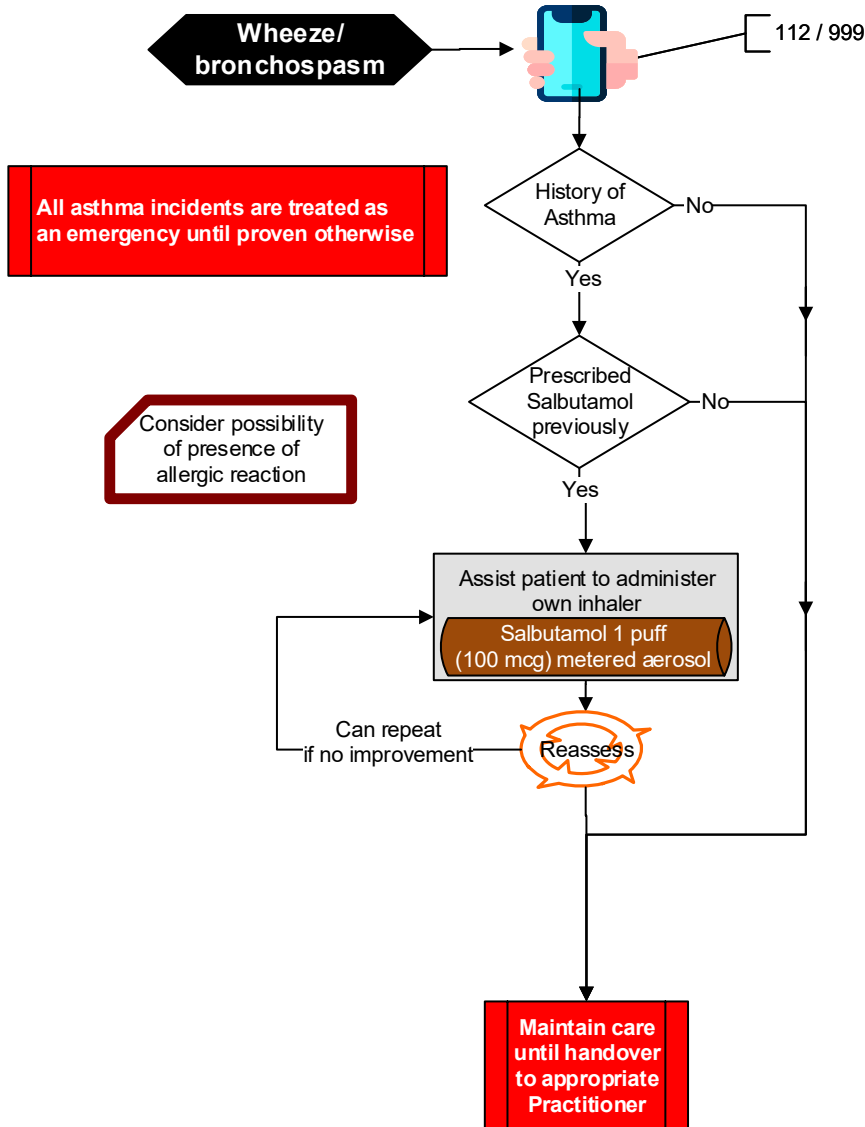
- 1 Phone number you are calling from
- 2 Location of incident
- 3 Chief complaint
- 4 Number of patients
- 5 Age (approximate)
- 6 Gender
- 7 Conscious? Yes/no
- 8 Breathing normally? Yes/no
- If over 35 years – Chest Pain? Yes/no
- If trauma – Severe bleeding? Yes/no

Appropriate Practitioner

Medical Practitioner
Nurse
Advanced Paramedic
Paramedic
EMT







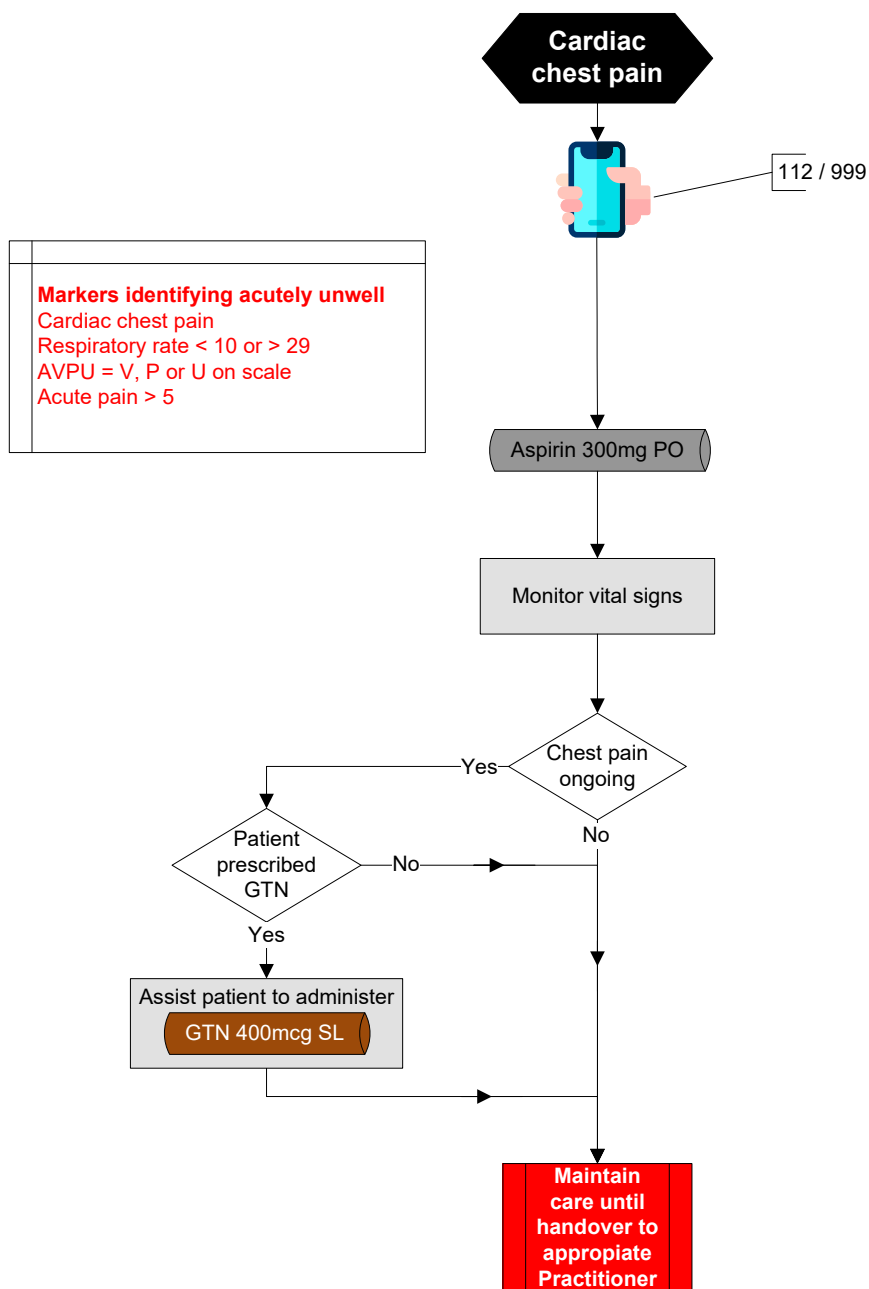
Severe asthma;
Inability to complete sentences in one breath
Respiratory rate > 25 or < 10/ min
Heart rate > 110/ min

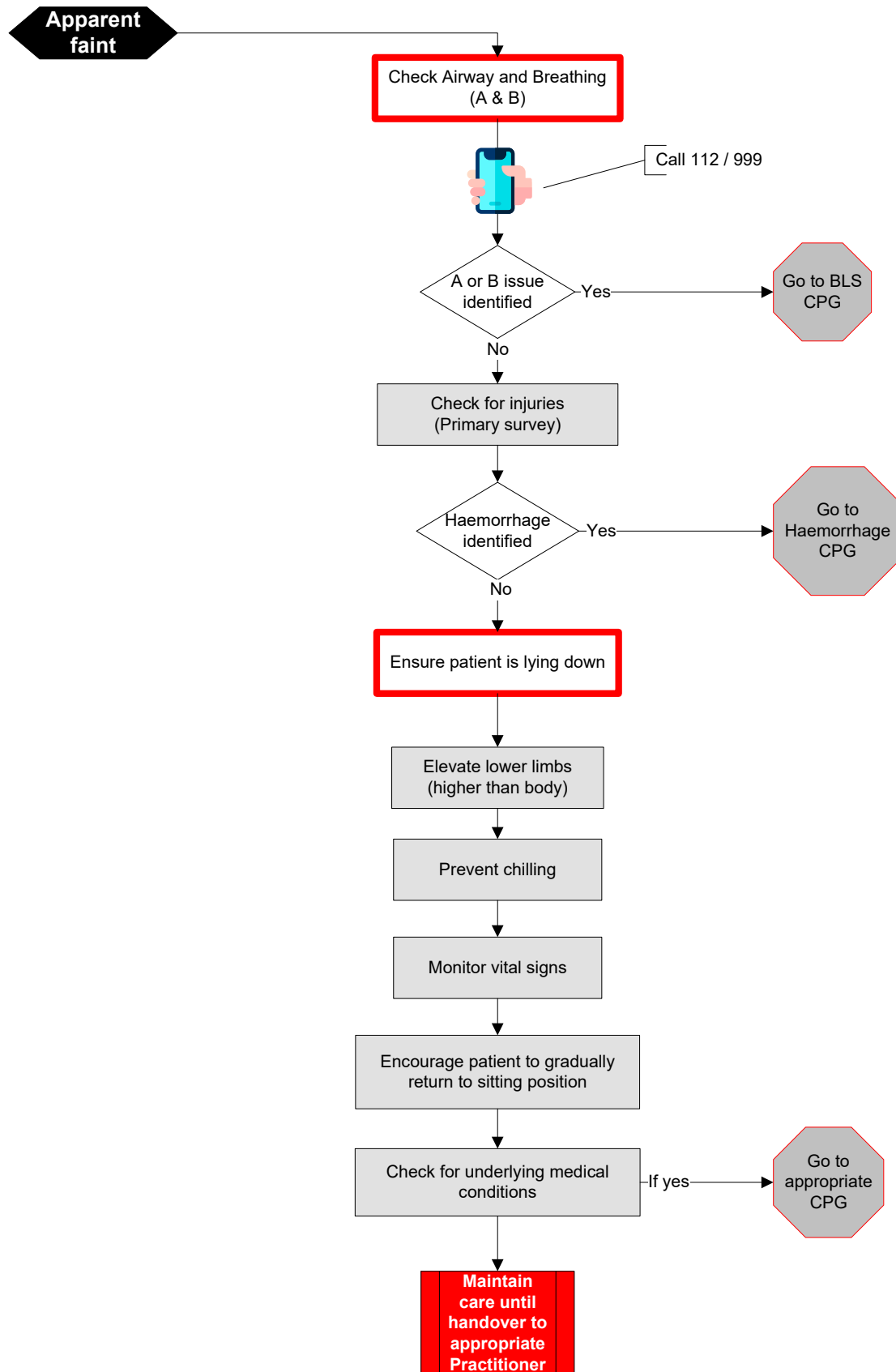
and any one of the following;

- Feeble respiratory effort
- Exhaustion
- Confusion
- Unresponsive
- Blueish colour (cyanosis)

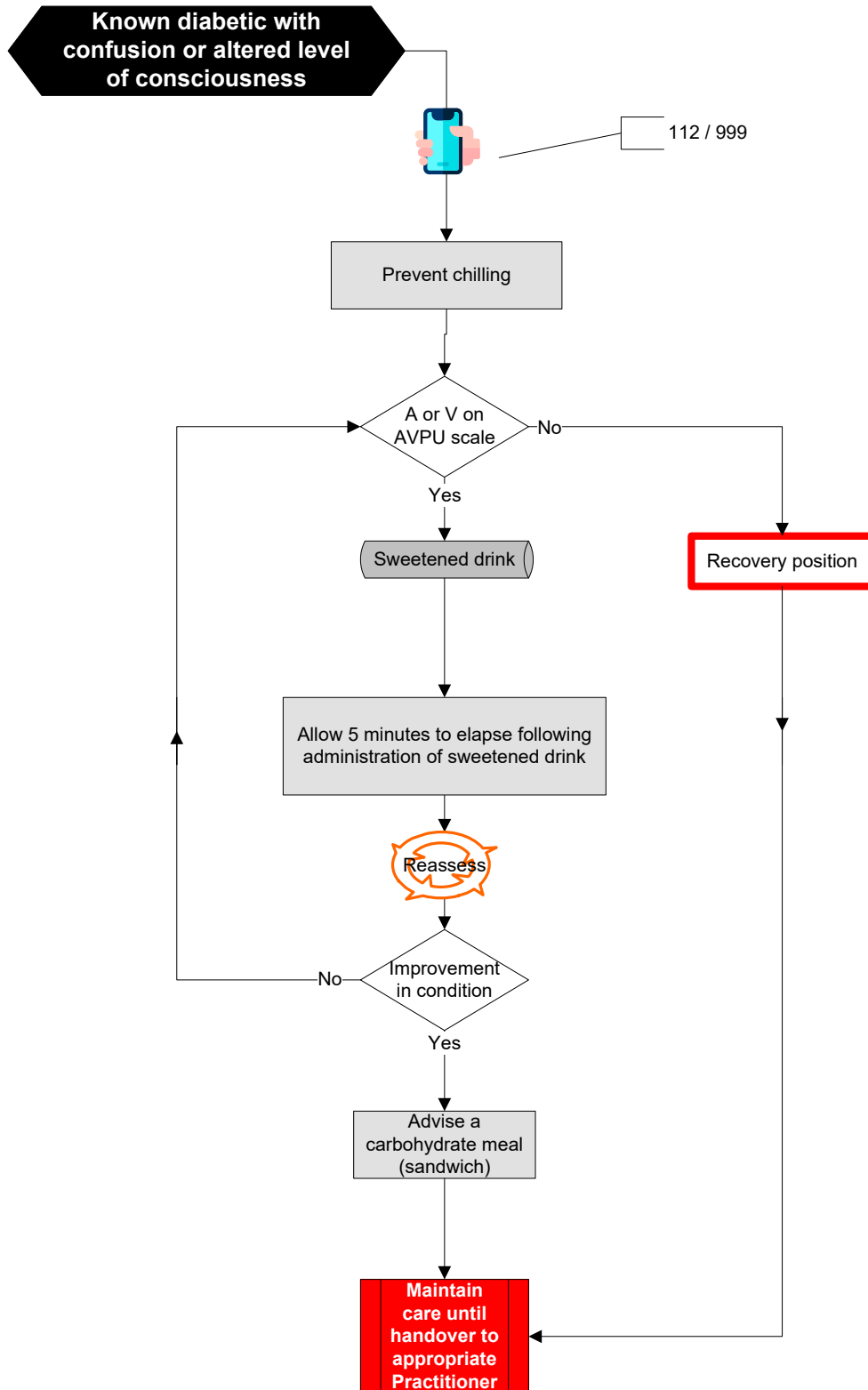
During an asthma attack;
Do use a spacer device if one is available
Do listen to what the patient is saying – they may have had attacks before.

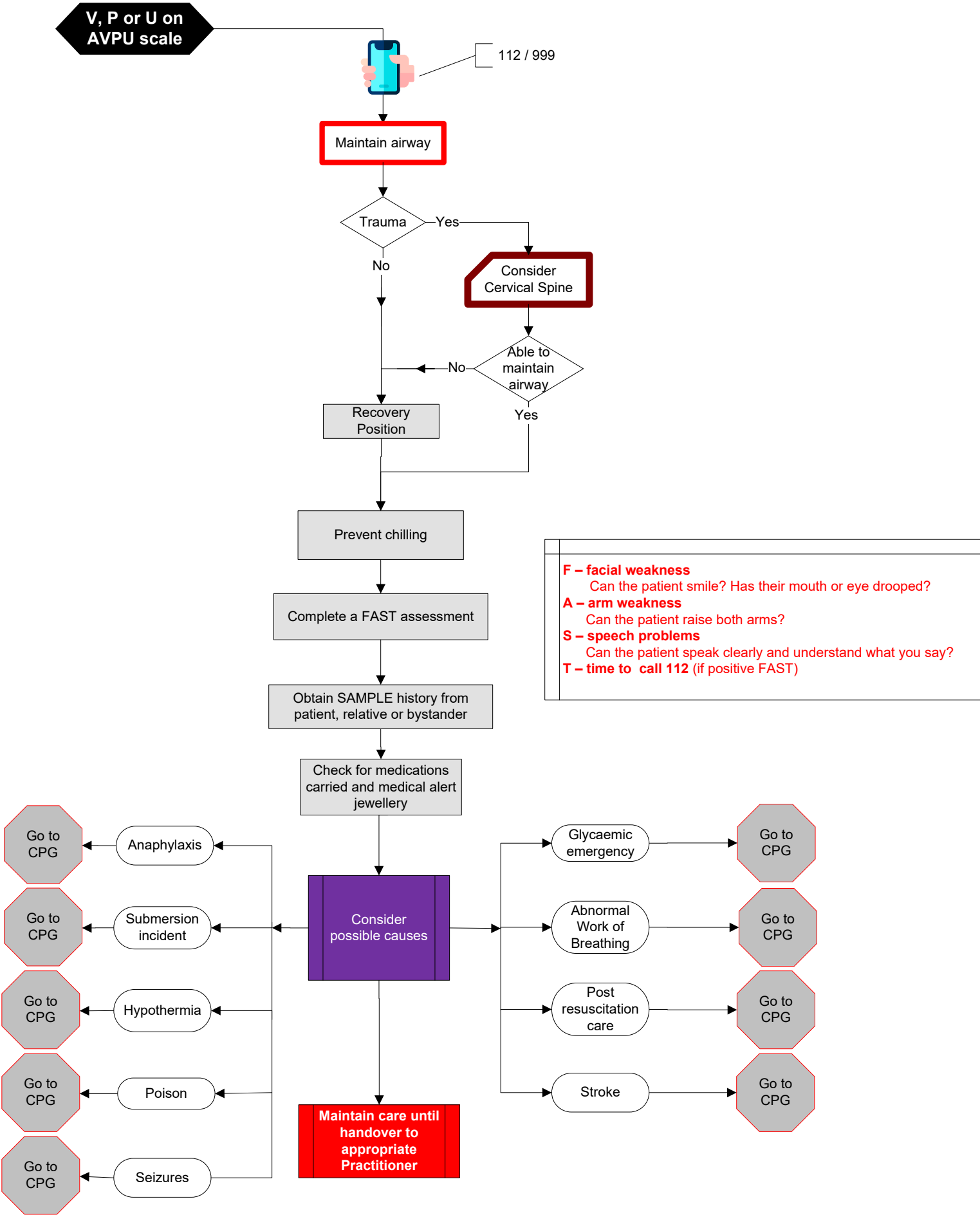
Don't put your arm around the patient or lie them down - this will restrict their breathing.
During an asthma attack extra puffs of medication are safe.

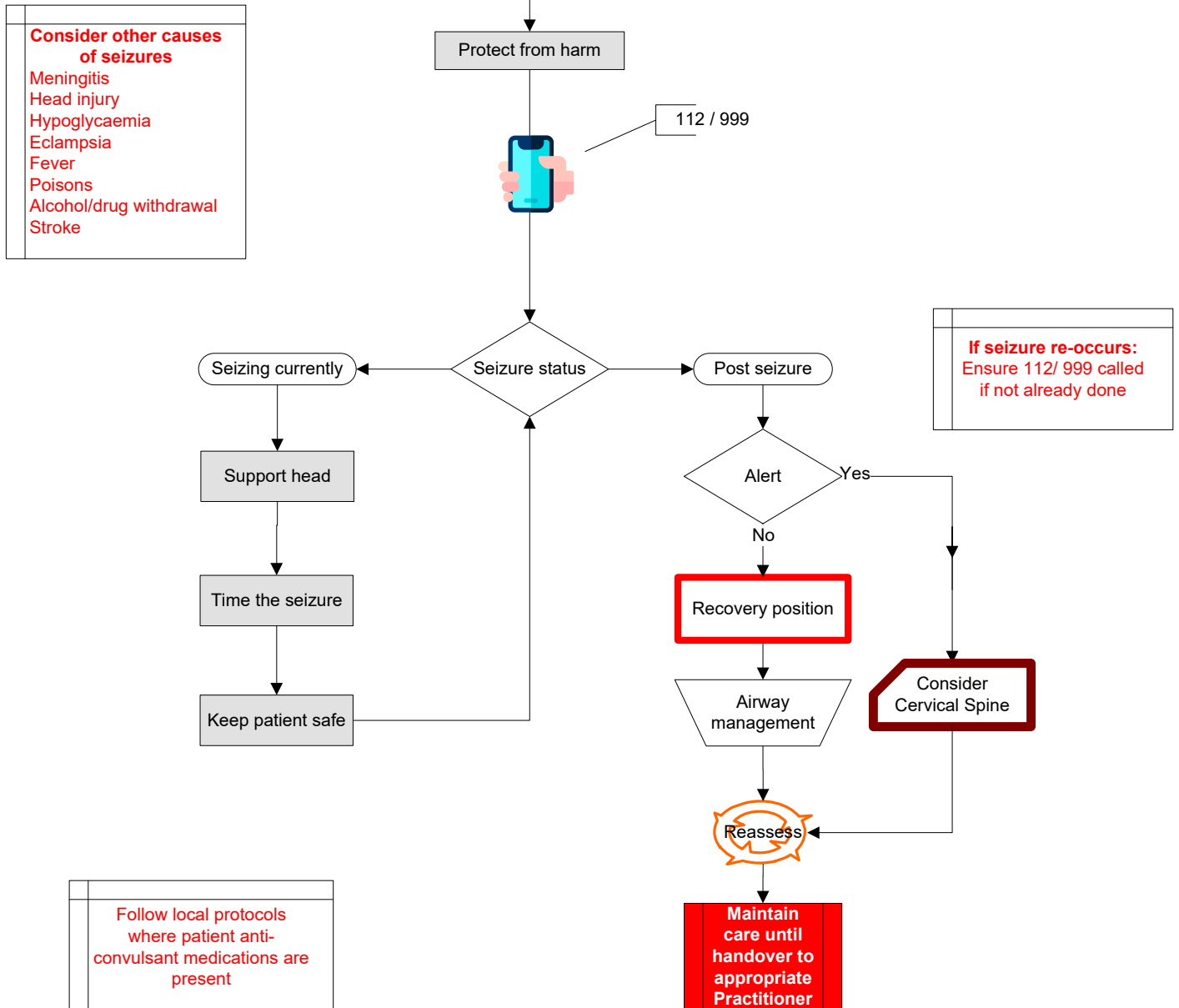


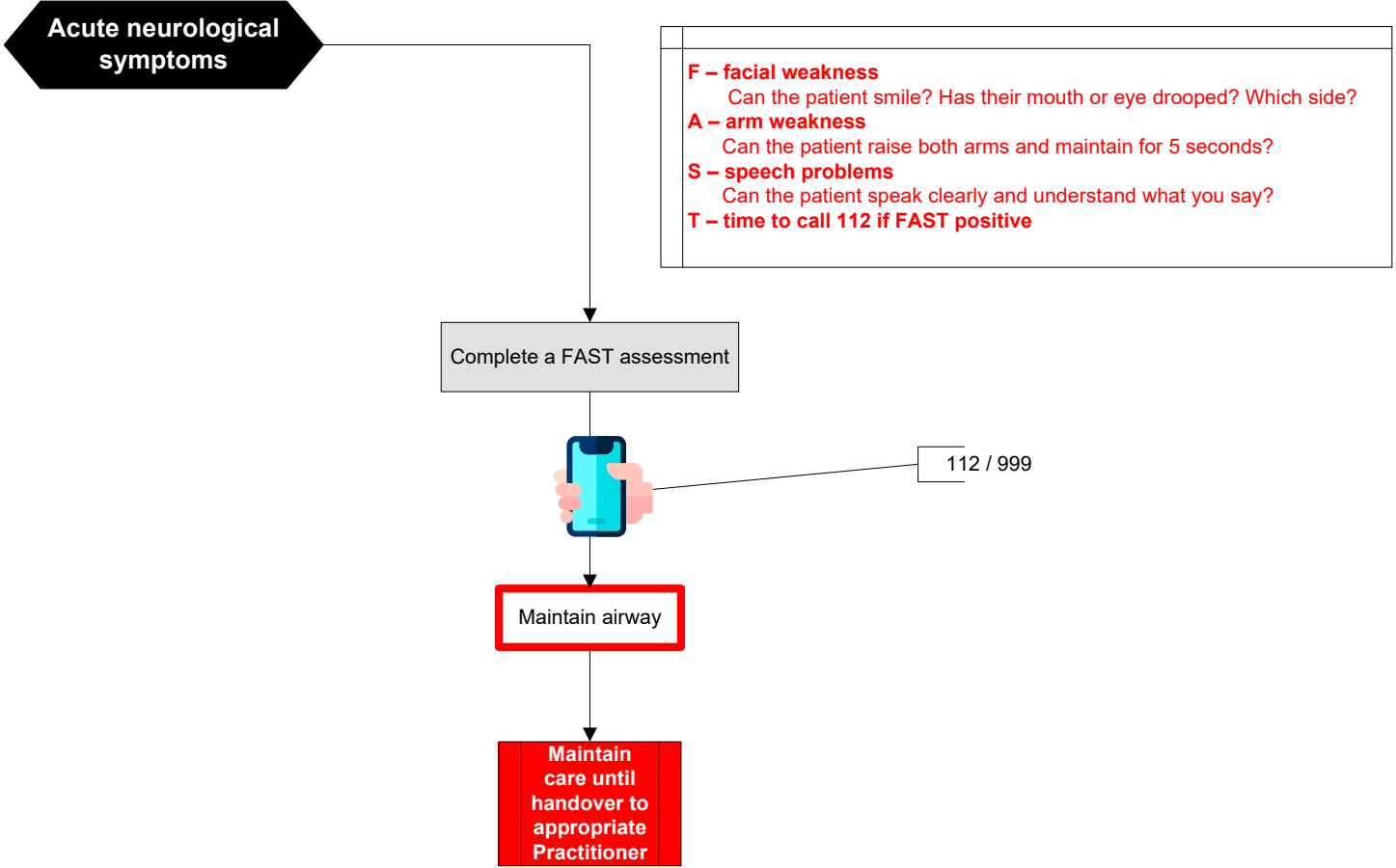


Advise patient to attend a medical practitioner regardless of how simple the faint may appear







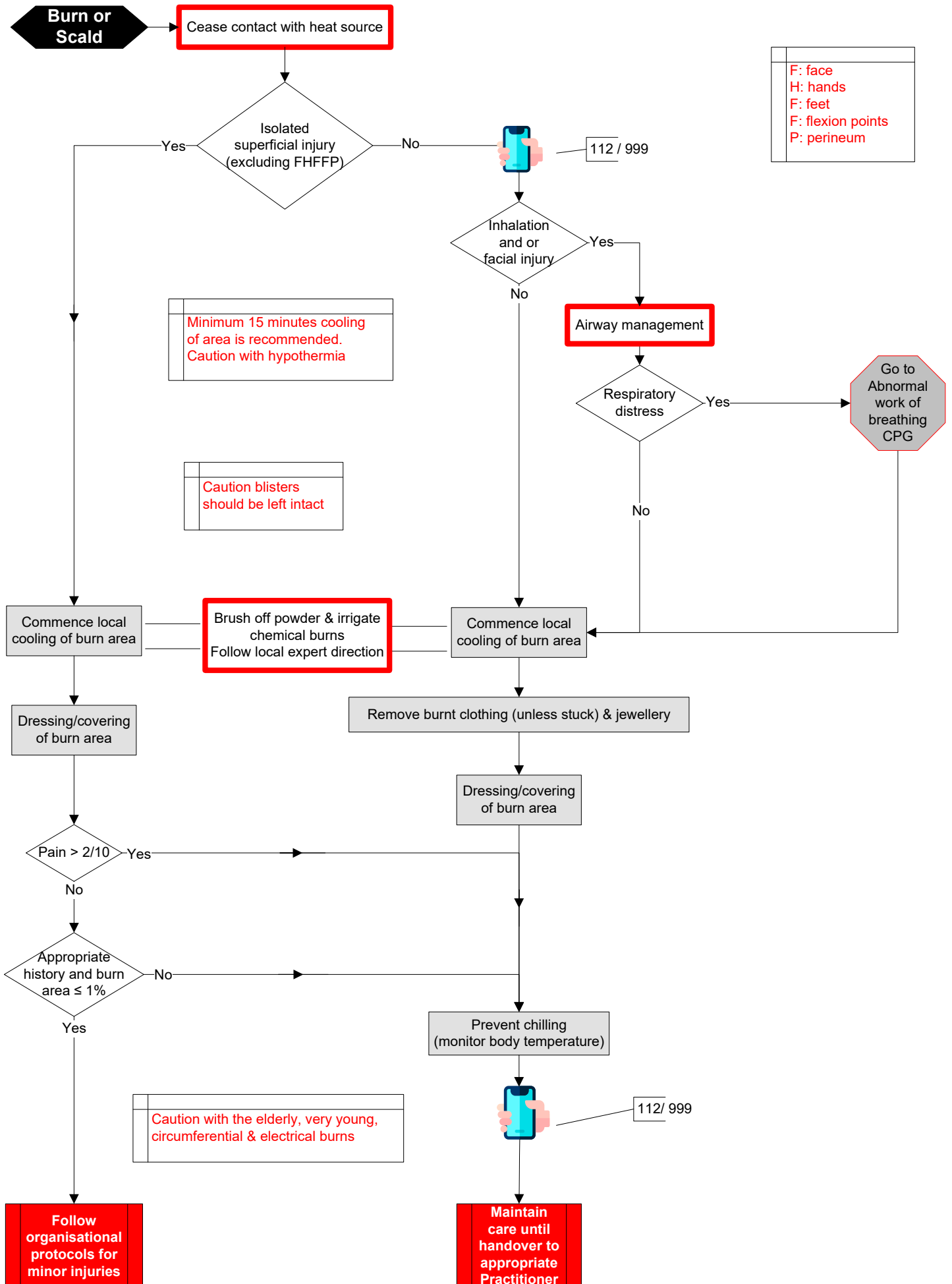


Burns - Adult

2.8.1

Version 4, 12/2020

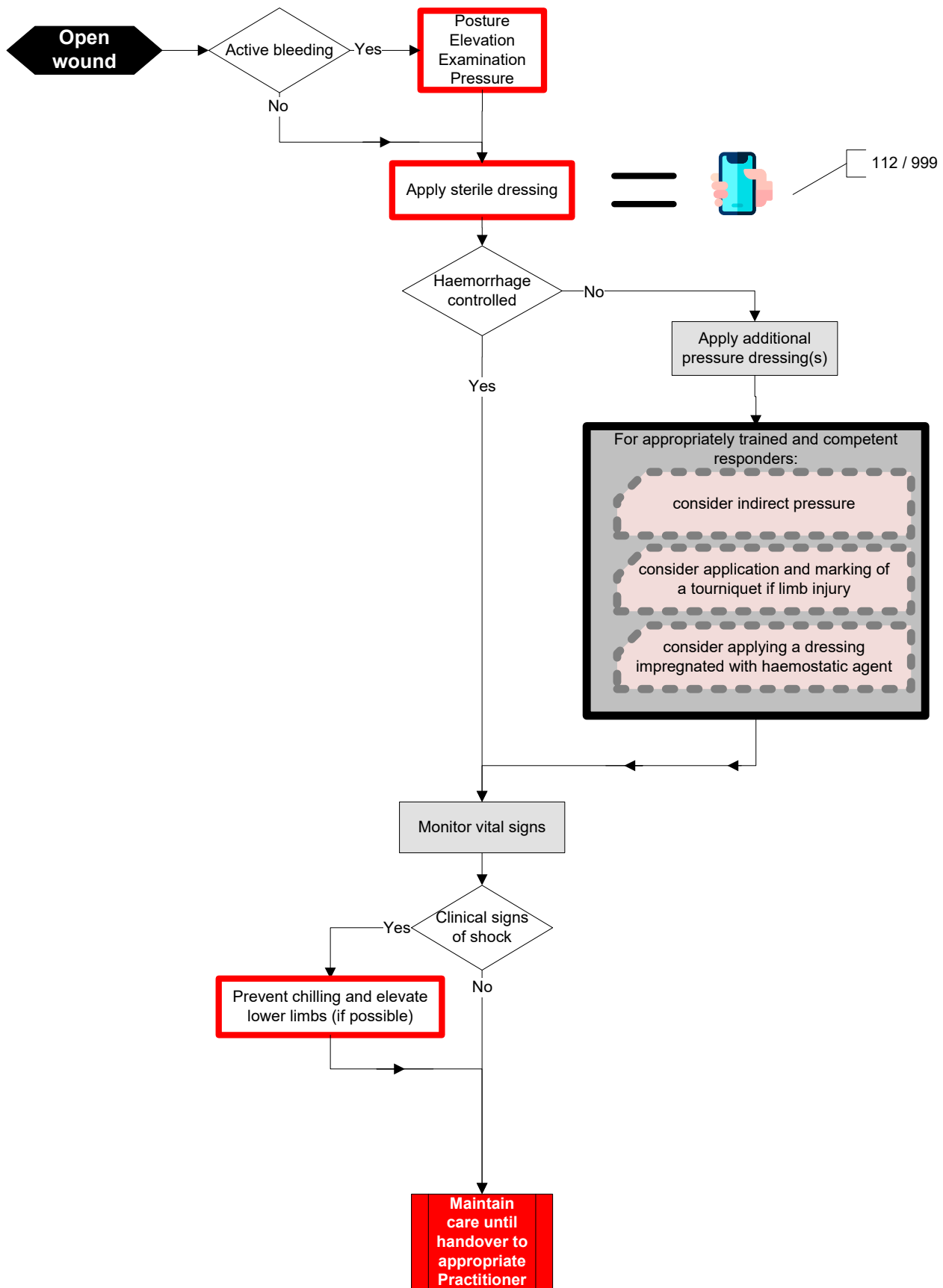
FAR



External Haemorrhage

2.8.3
Version 6, 07/2024

FAR



Harness Induced Suspension Trauma

2.8.4

Version 4, 05/2024

FAR

This CPG does not authorise rescue by untrained personnel

Caution

Fall arrested by harness/rope



112 / 999

Personal safety of the Responder is paramount

If circulation is compromised remove the harness when the patient is safely lowered to the ground

Decision: Patient still suspended

No

Yes

Advise patient to move legs (to encourage blood flow back to the heart)

Elevate lower limbs if possible during rescue

Consider removing a harness suspended person from suspension in the direction of gravity i.e. downwards, so as to avoid further negative hydrostatic force, however this measure should not otherwise delay rescue

Place patient in a horizontal position as soon as practically possible

Monitor vital signs

Go to appropriate CPG

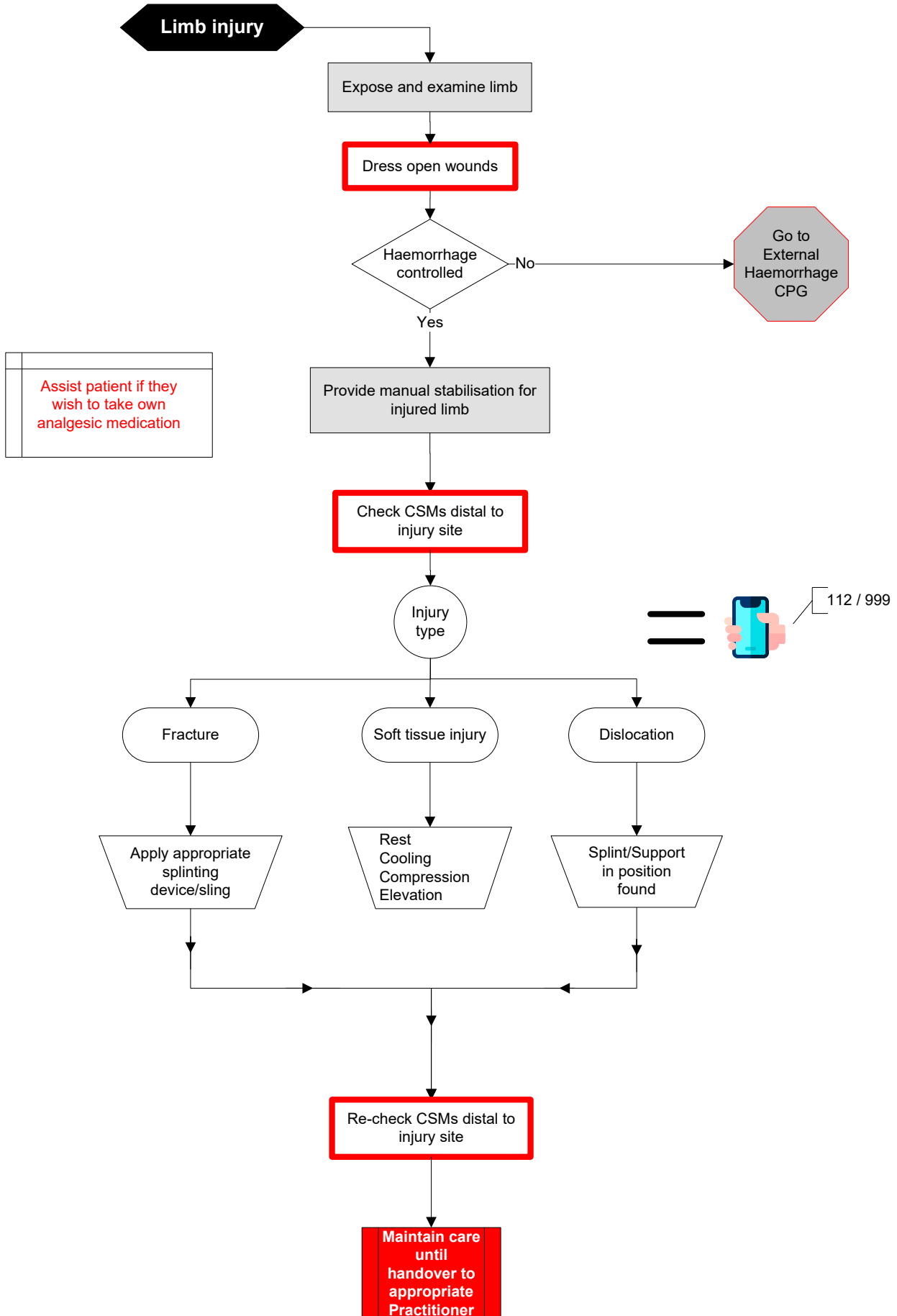
Patients must be transported to ED following suspension trauma regardless of injury status

Symptoms of pre-syncope:
light-headedness
nausea
sensations of flushing
tingling or numbness of the arms or legs
anxiety
visual disturbance
a feeling of about to faint

Limb Injury

2.8.6
Version 5, 07/2024

FAR



Trauma and concern by responder of spinal injury

If in doubt, treat as spinal injury



112 / 999

Advise patient to remain still until arrival of a higher level of care

Consider use of undamaged child seat for appropriate age groups

PHECC Spinal Injury Management Standard ☐ Active spinal motion restriction; using inline techniques with or without spinal injury management devices to reduce spinal column motion. ☐ Passive spinal motion restriction; requesting the patient to minimise his/her movement without external intervention and permitting the patient to adopt a position of comfort.

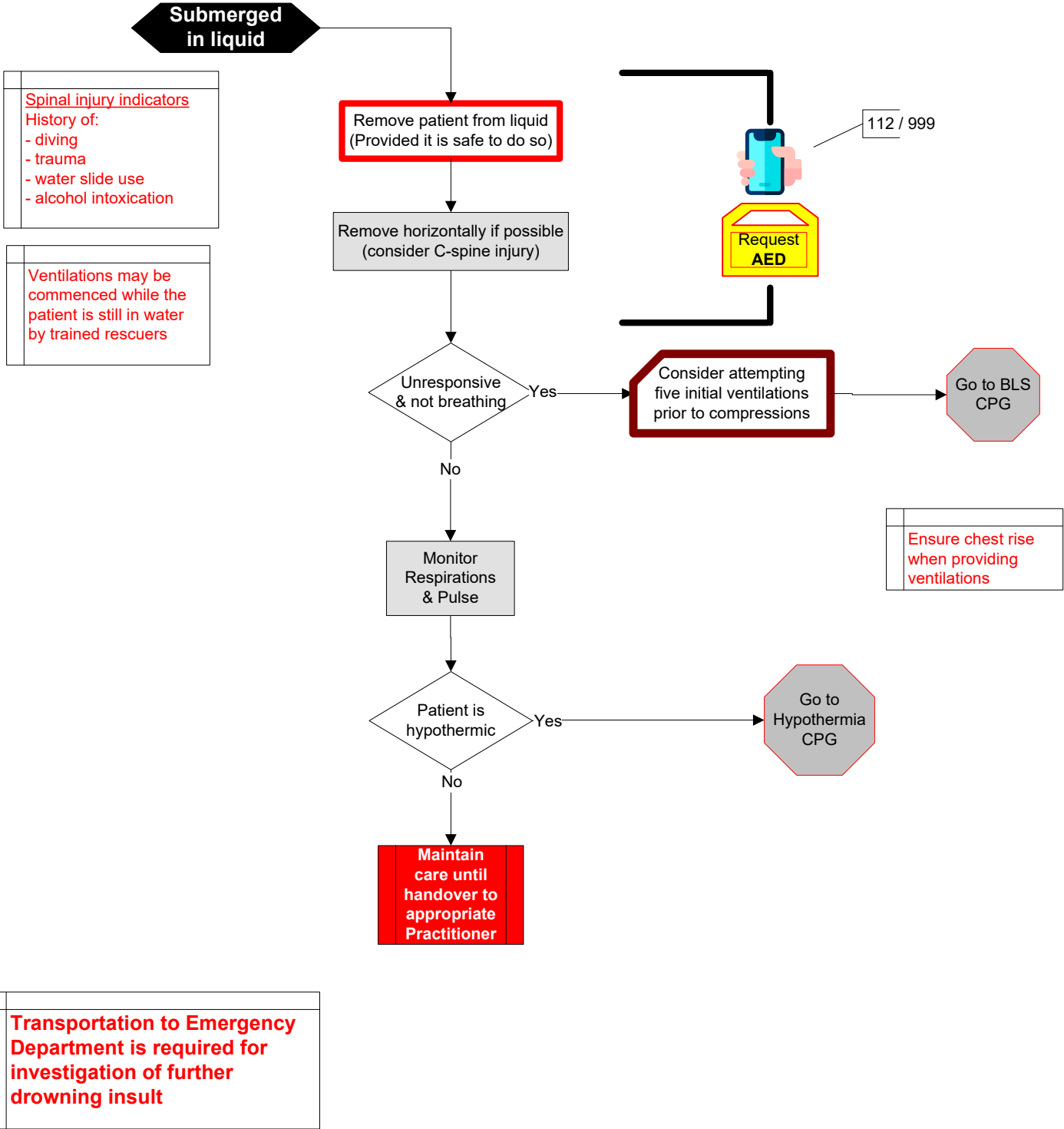
Maintain care until handover to appropriate Practitioner

Do not forcibly restrain a patient that is combative

Submersion Incident

1/2.8.9
Version 4, 07/2024

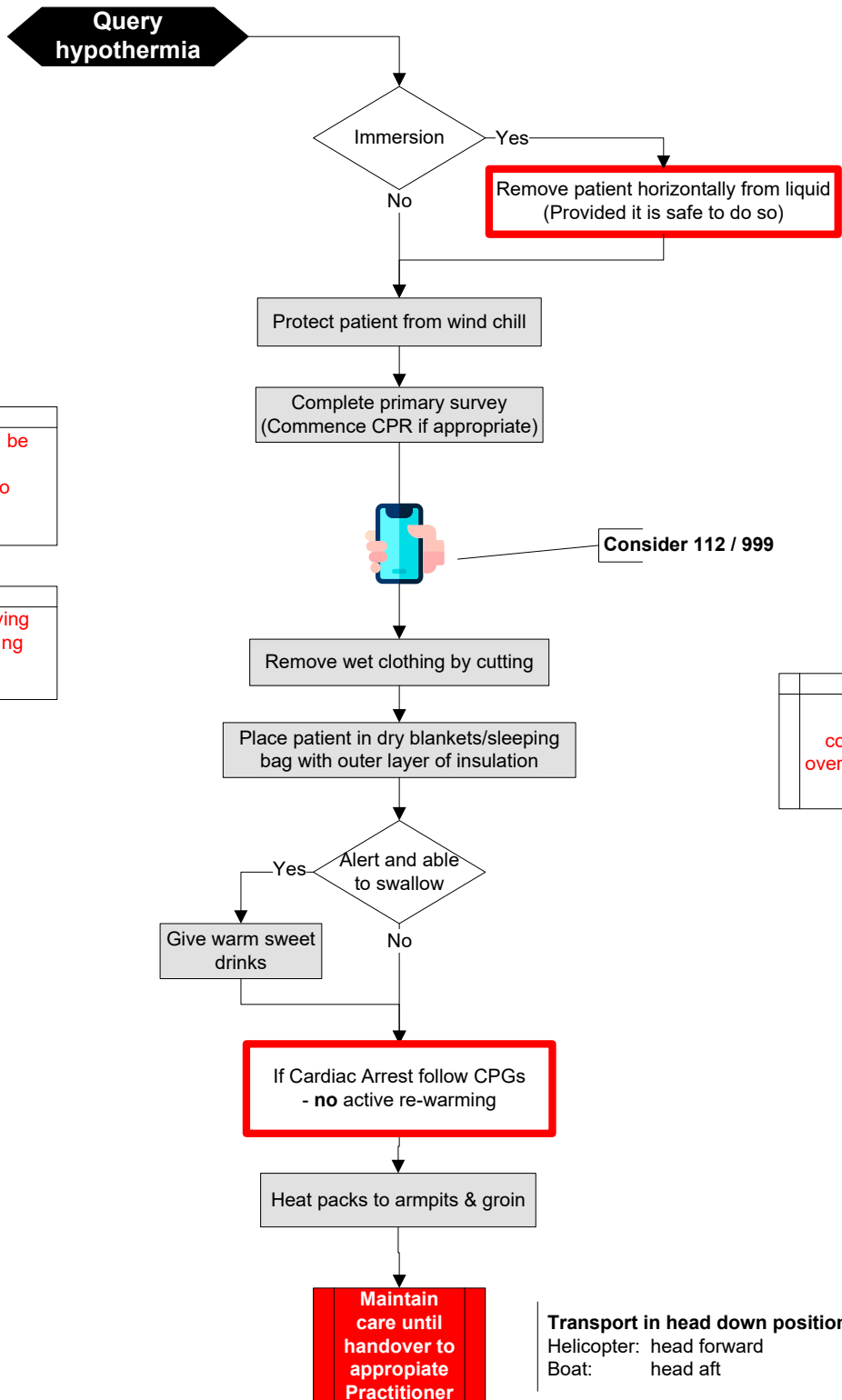
CFR FAR



Hypothermia

2.9.1
Version 5, 07/2024

FAR



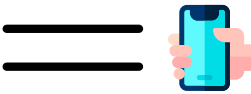
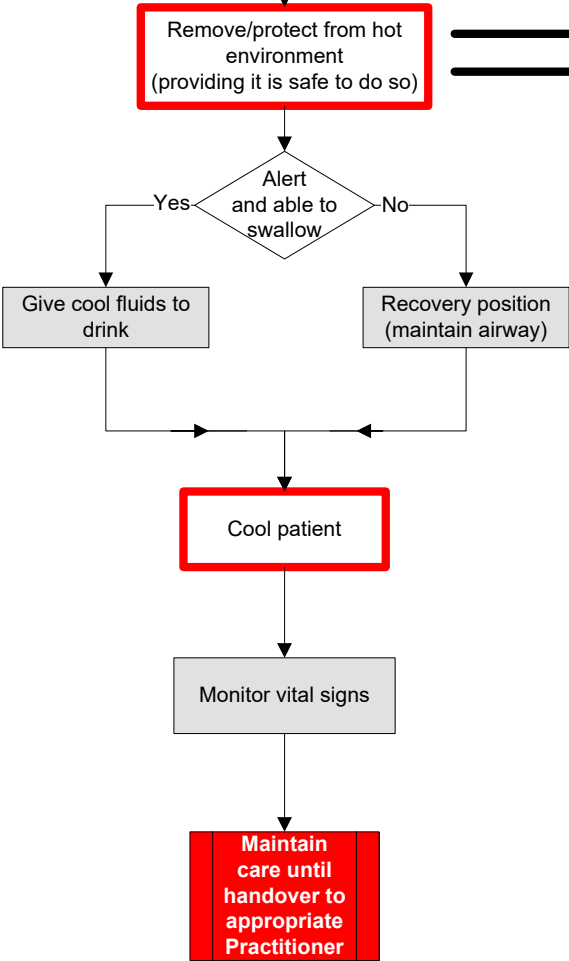
Hypothermic patients should be handled gently
Consider gentle movement to aid warming if patient able

Consider risk/benefit for moving patient to safety versus staying in situ

Pulse check for 30 to 45 seconds

A foil blanket may be considered, only if placed over other layer/s of insulation

Collapse from heat related condition



112 / 999

	Cooling may be achieved by: Removing clothing Fanning Tepid sponging

Allergic Reaction/ Anaphylaxis – Adult

2.10.1
Version 4, 11/2024

FAR

Anaphylaxis is a life threatening condition identified by some or all of the following criteria:

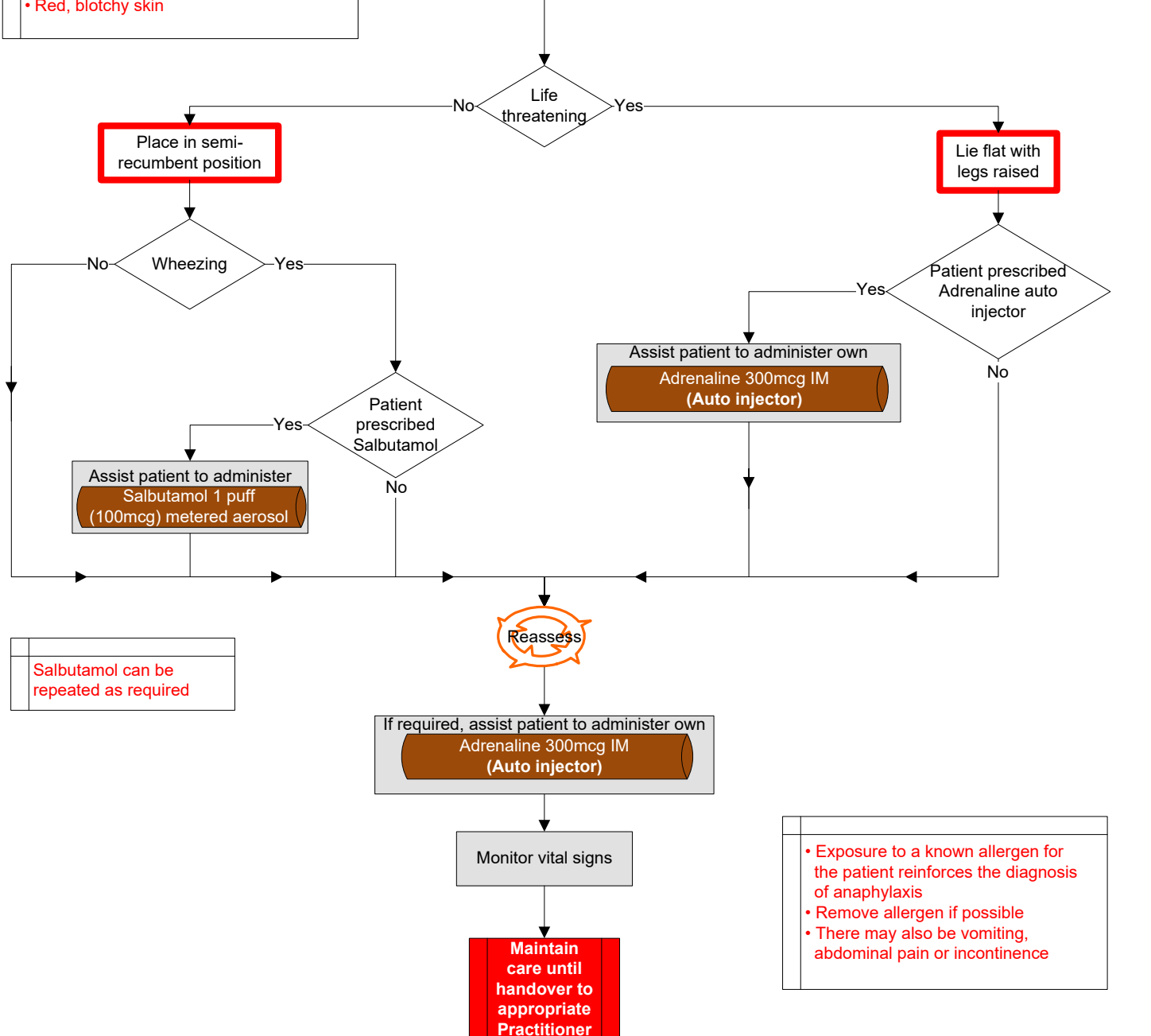
- Sudden onset and rapid progression of symptoms
- Difficulty breathing
- Diminished consciousness
- Red, blotchy skin

Allergic Reaction



112 / 999

Assist patient with medication
Follow advice from ambulance control

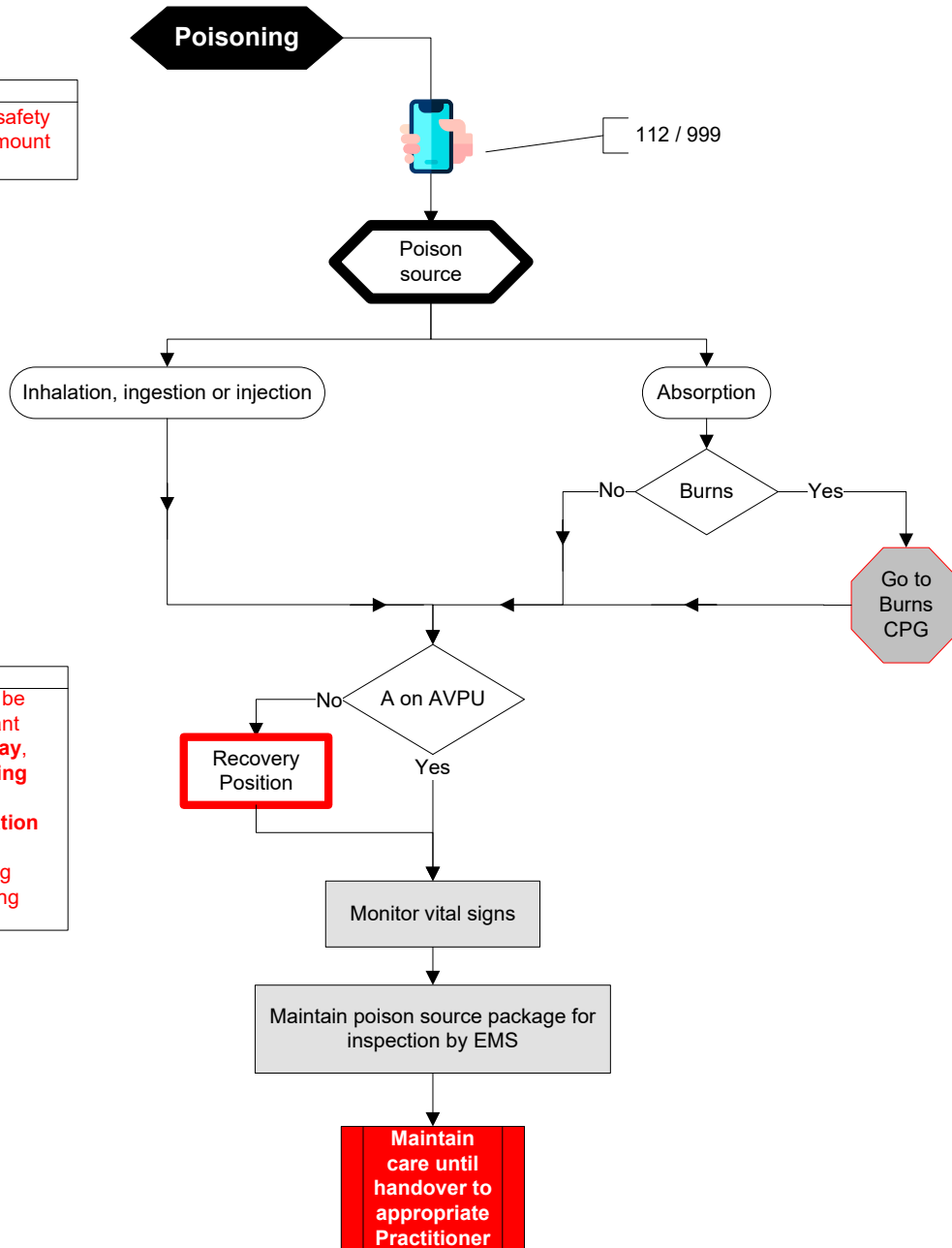


Poisons - Adult

2.10.2
Version 4, 05/2024

FAR

Scene safety
is paramount

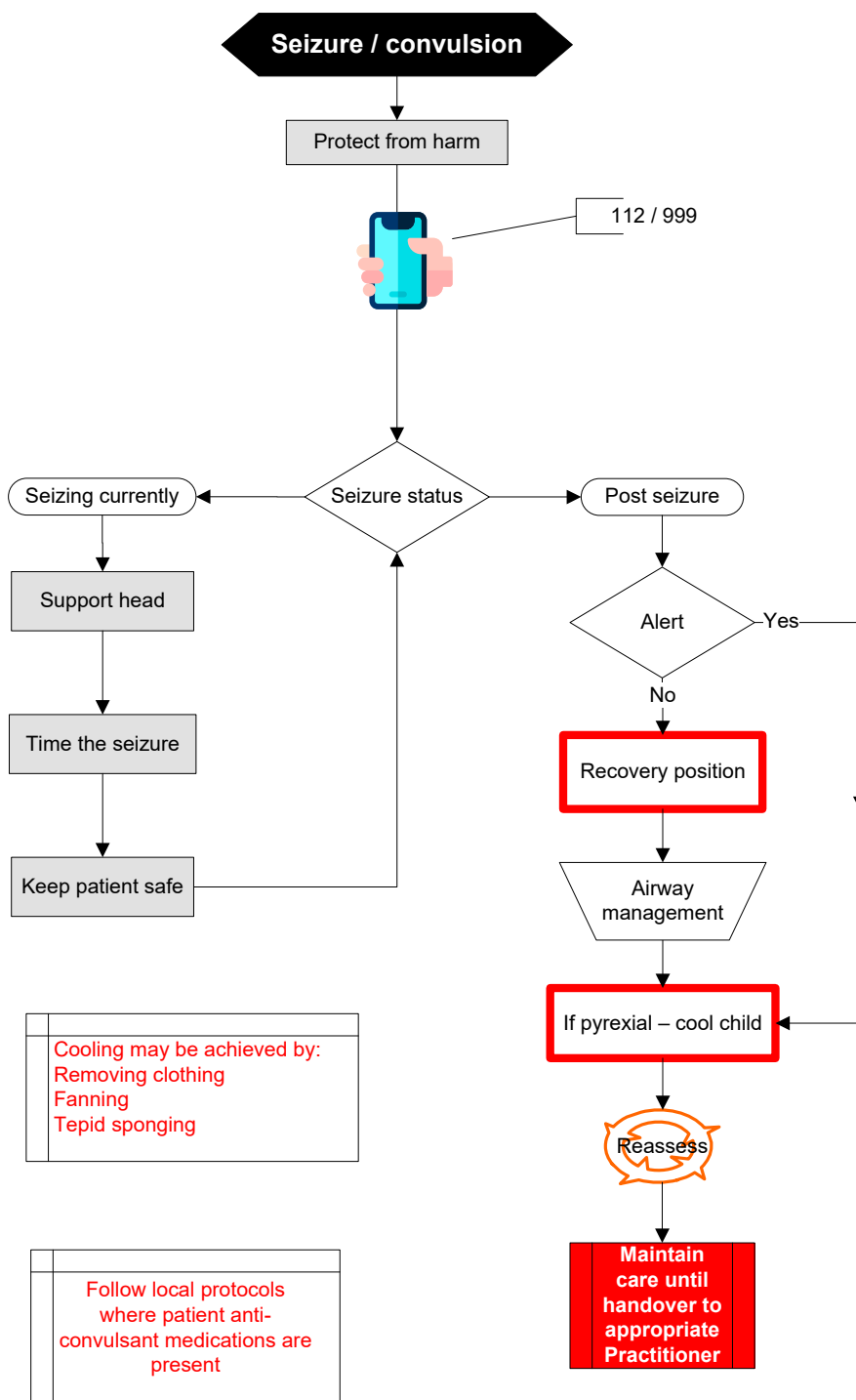


For decontamination
follow local protocol

Always be cognisant of **Airway**, **Breathing** and **Circulation** issues following poisoning

If suspected tablet overdose locate tablet container and hand it over to appropriate practitioner

Consider other causes of seizures
Meningitis
Head injury
Hypoglycaemia
Fever
Poisons
Alcohol/drug withdrawal



Anaphylaxis is a life threatening condition identified by some or all of the following criteria:

- Sudden onset and rapid progression of symptoms
- Difficulty breathing
- Diminished consciousness
- Red, blotchy skin

Allergic reaction



112 / 999

Assist patient with medication
Follow advice from ambulance control

No Life threatening Yes

Place in semi-recumbent position

No Wheezing Yes

Assist patient to administer Salbutamol 1 puff (100mcg) metered aerosol

Yes Patient prescribed Salbutamol No

Reassess

Can repeat Salbutamol if no improvement

If required, assist patient to administer own

Adrenaline IM
6mths to < 10yrs 150mcg (auto injector)
≥ 10yrs 300mcg (auto injector)

Monitor vital signs

Maintain care until handover to appropriate Practitioner

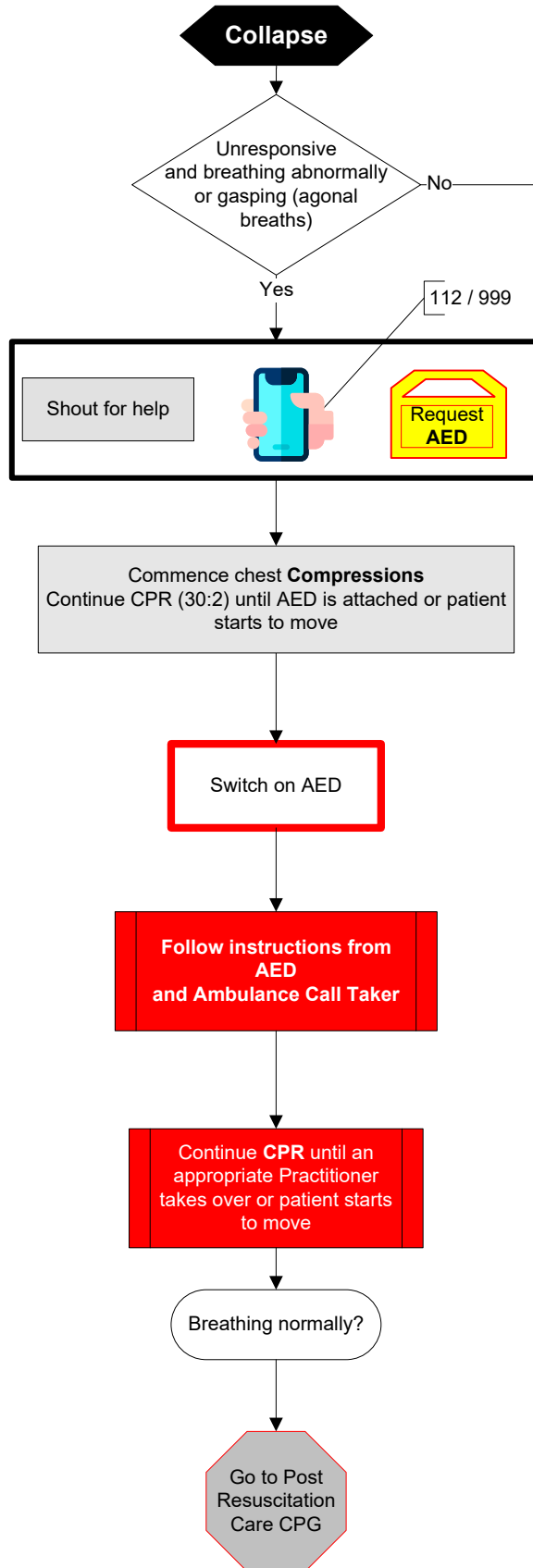
Lie flat with legs raised

Yes Patient prescribed Adrenaline auto injector No

Assist patient to administer own Adrenaline IM
6mths to < 10yrs 150mcg (auto injector)
≥ 10yrs 300mcg (auto injector)

- Exposure to a known allergen for the patient reinforces the diagnosis of anaphylaxis
Be aware that:
- Skin or mouth/ tongue changes alone are not a sign of an anaphylactic reaction
- There may also be vomiting, abdominal pain or incontinence

If physically unable to ventilate
perform compression only CPR

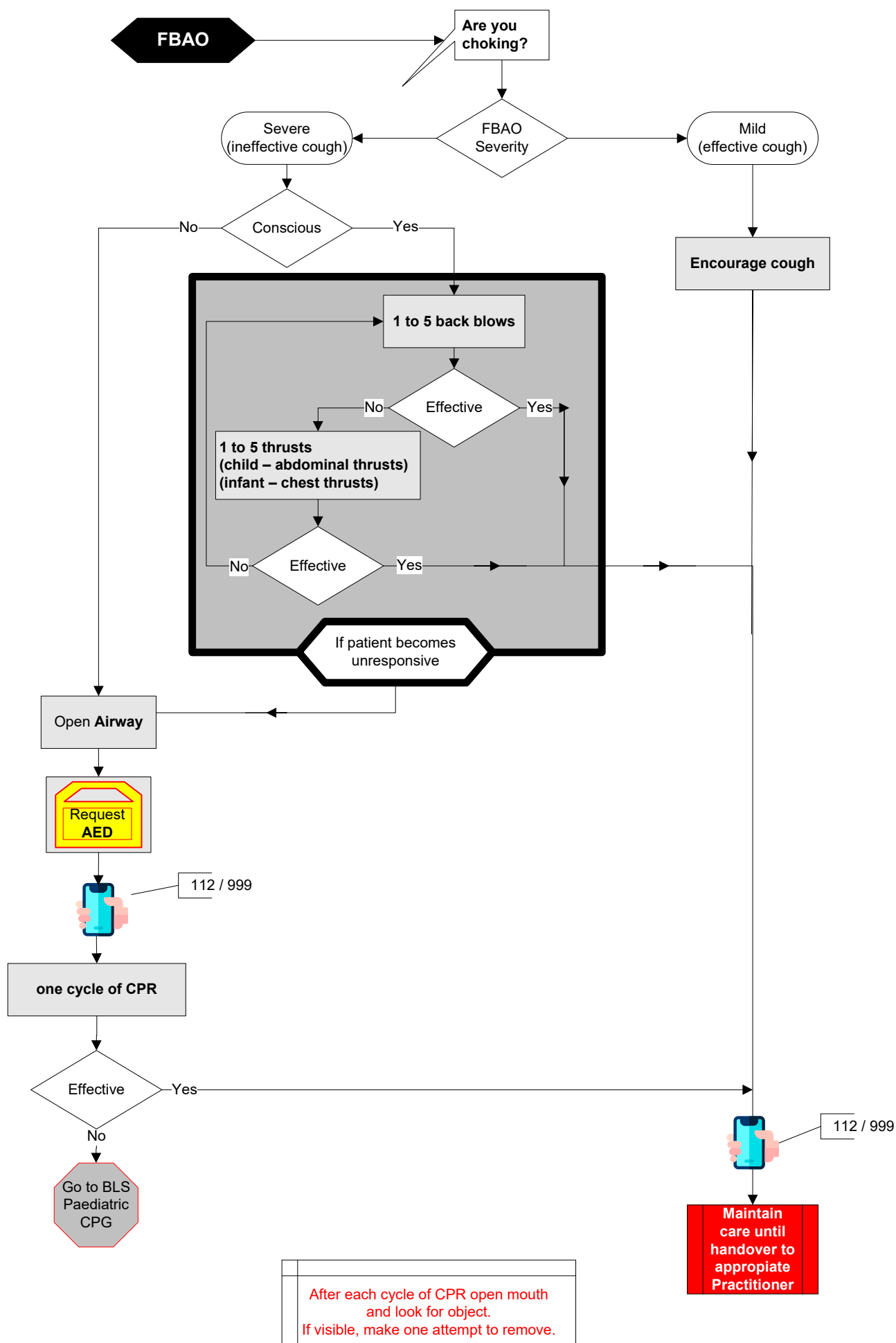


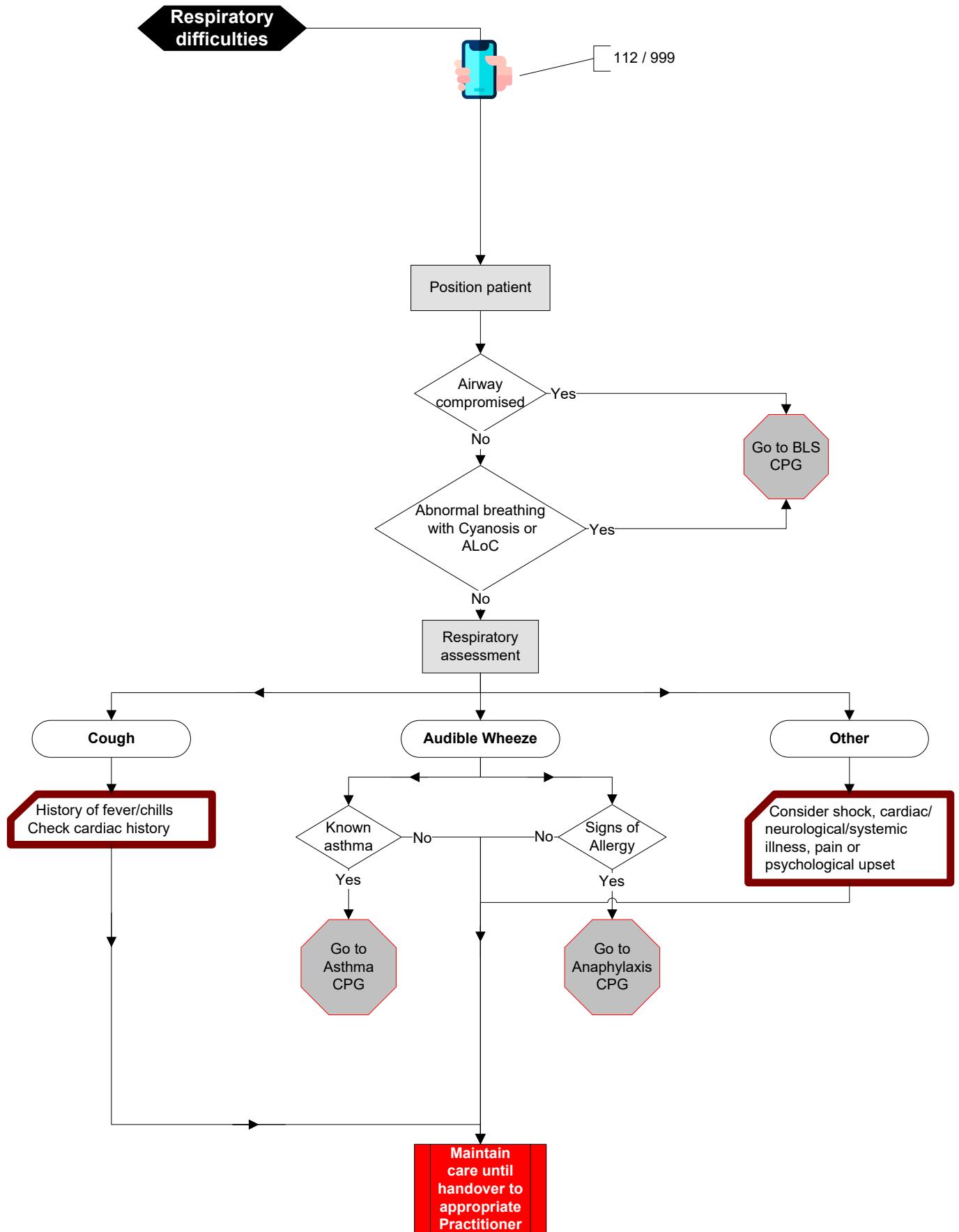
Chest compressions
Rate: 100 to 120/min
Depth: $\frac{1}{3}$ depth of chest
Child: two hands (5 cm)
Small child: one hand (4 cm)
Infant (< 1): two fingers (4 cm)

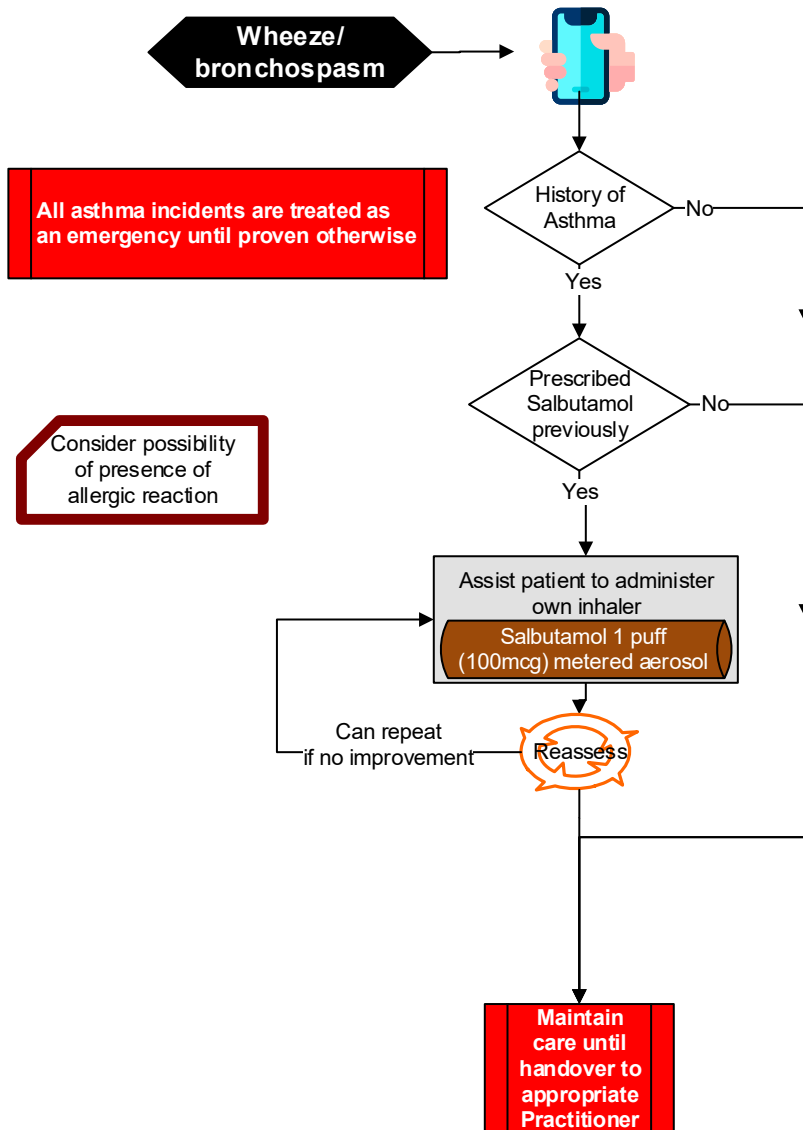
<8 years use paediatric
defibrillation system
(if not available use adult pads)

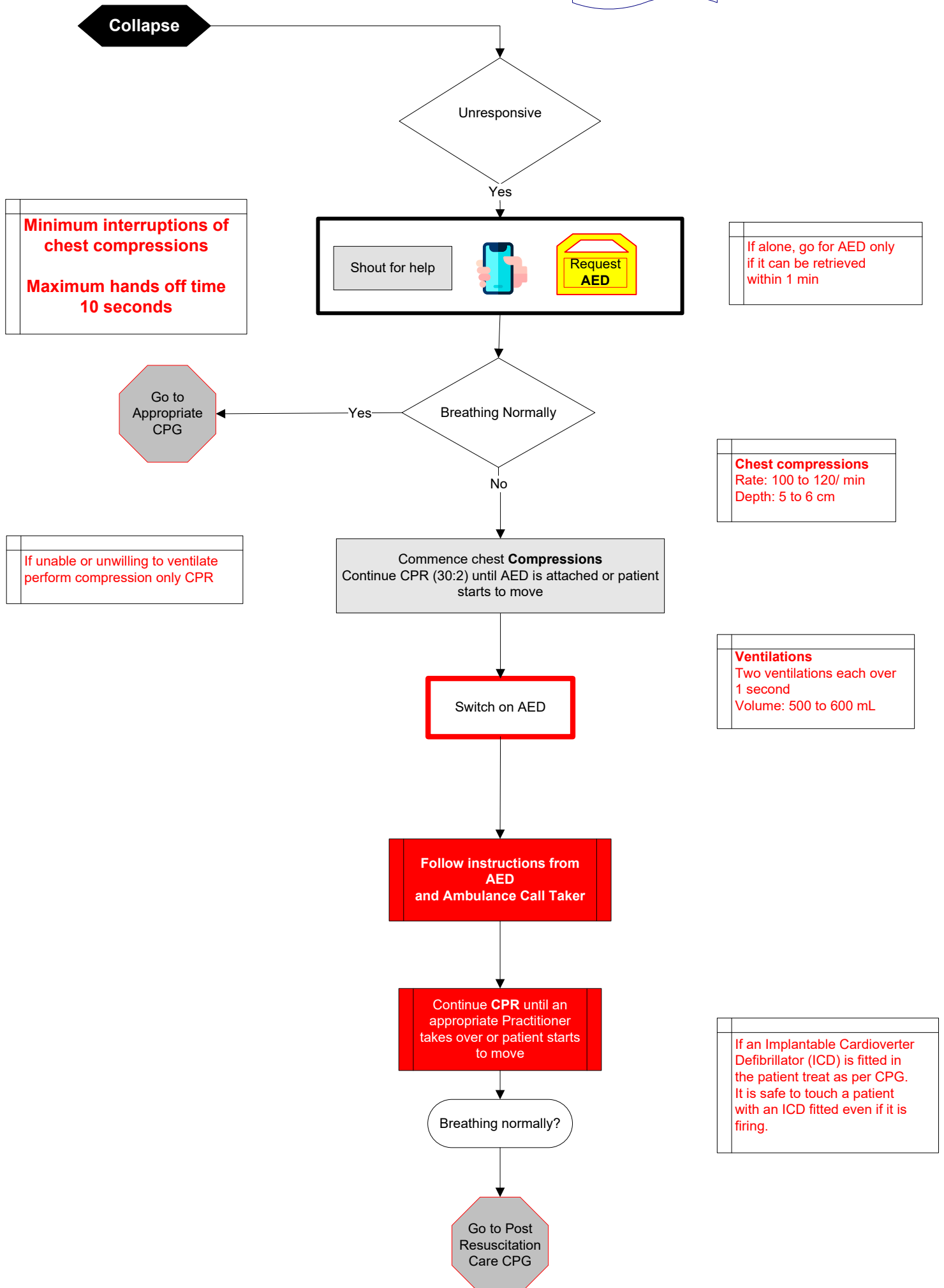
Infant AED

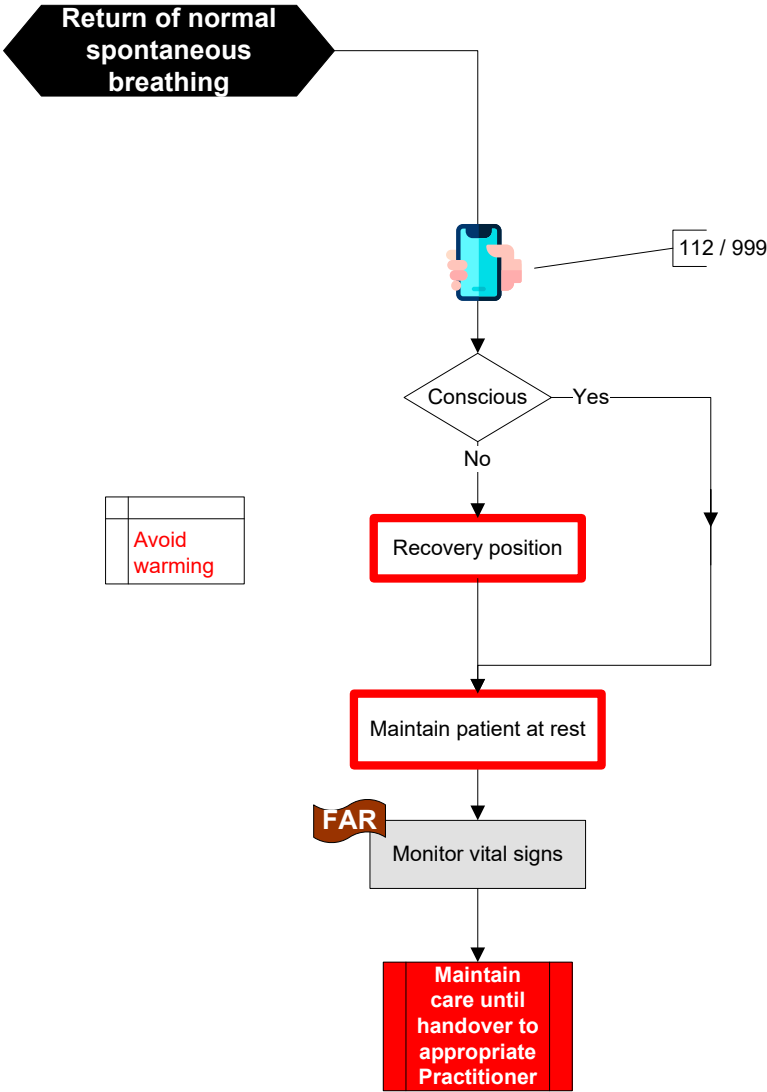
It is extremely unlikely to ever have to defibrillate a child less than 1 year old. Nevertheless, if this were to occur the approach would be the same as for a child over the age of 1. The only likely difference being, the need to place the defibrillation pads anterior (front) and posterior (back), because of the infant's small size.









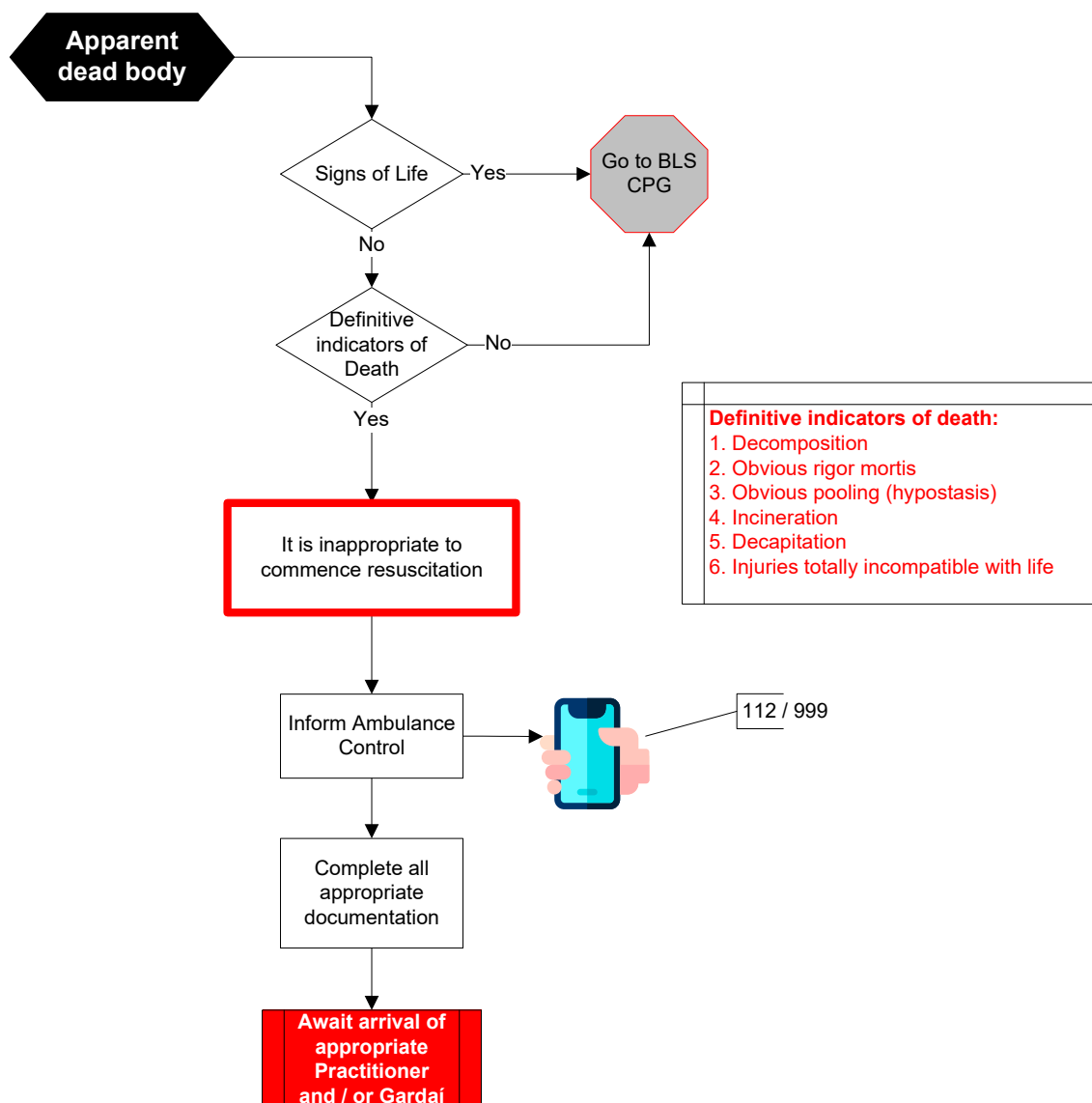


Recognition of Death – Resuscitation not Indicated

1/2.14.7
Version 3, 12/2020

CFR

FAR



Identification: P5
Role: Family & Team Support
Position: Outside the BLS triangle

1. Family Liaison
2. Patient Hx/meds
3. Manage Equipment
4. Plan removal (if transporting)

Identification: P1
Role: Airway and ventilatory support & initial team leader
Location: Inside BLS Triangle at patient's head

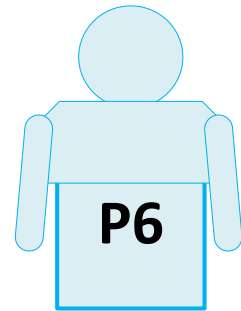
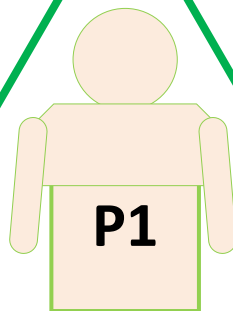
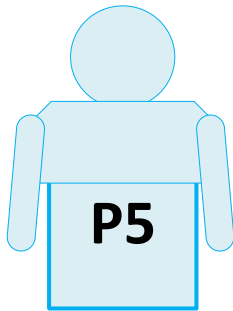
Tasks:

1. Position defibrillator
2. Attach defib pads and operate defibrillator (If awaiting arrival of P3)
3. Basic airway management (manoeuvre, suction & adjunct)
4. Assemble ventilation equipment and ventilate
5. Team leader (until P4 assigned)

Identification: P6
Role: Team Support
Location: Outside BLS Triangle

Tasks:

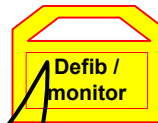
1. Support P1 with airway and ventilation
2. Support P2/P3 with chest compressions and defibrillation
3. Documentation
4. Support tasks assigned by P4



Identification: P2
Role: Chest compressor
Location: Inside BLS Triangle at patient's side

Tasks:

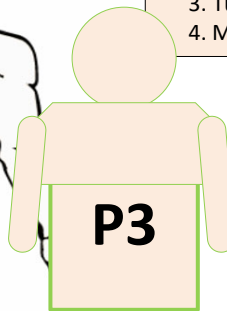
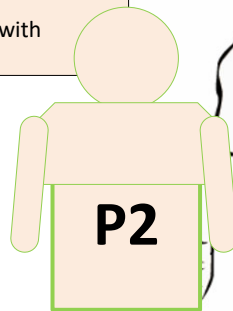
1. Position BLS response bag
2. Initiate patient assessment
3. Commence CPR
4. Alternate chest compressions with P3 (P1 until P3 arrival)



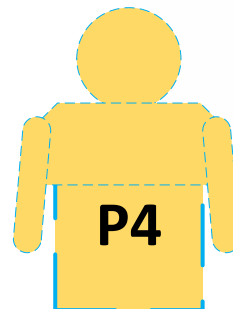
Identification: P3
Role: Chest compressor & AED operator
Location: Inside BLS Triangle at patient's side

Tasks:

1. Alternate compressions with P2
2. Operate AED/monitor
3. Turn on metronome (if available)
4. Monitor time/cycles



BLS Triangle



Identification: P4
Role: Cardiac Arrest Team Leader (practitioner)
Location: Outside the BLS Triangle (ideally at the patient's feet with a clear view of the patient, team and Monitor)

Tasks:

1. Positive exchange of Team Leader
2. Position ALS bag (AP)
3. Take Handover from P1
4. Monitor BLS quality
5. Initiate IV/IO access & administers medications (AP)
6. Intubate if clinically warranted (AP)
7. Communicate with family/Family Liaison
8. Identify and treat reversible causes (H's + T's)
9. Provide clinical leadership
10. Conduct post event debrief

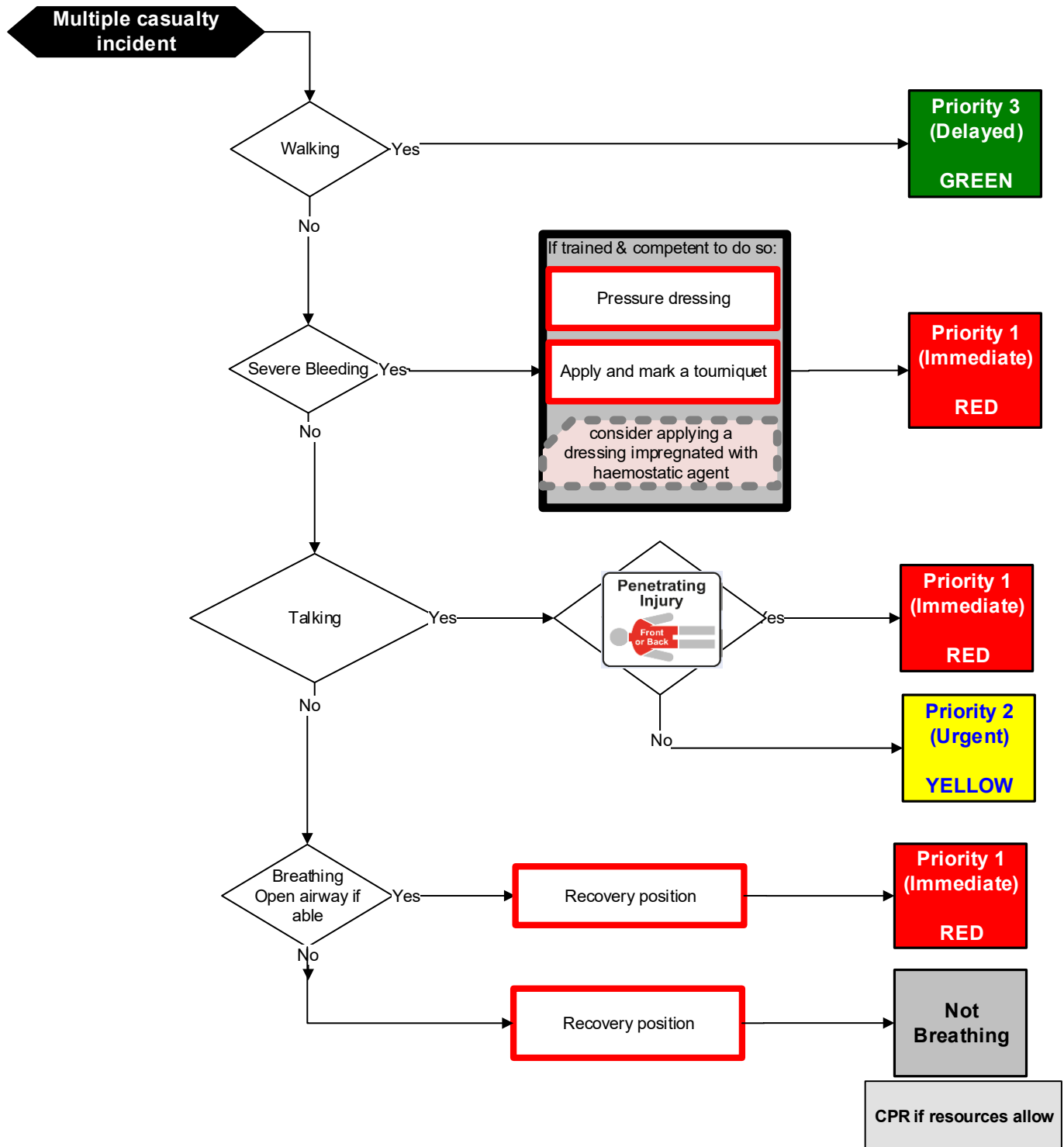
Positions and roles are as laid out, however a Responder may change position thus taking on the role of that position.

Responders must operate within their scope of practice, regardless of position, during team resuscitation

Ten Second Triage

1/2/3.16.3
Version 1, 09/2024

FAR



APPENDIX 2 – Medications & Skills Matrix CPG 2026

New Medications and Skills for 2026 – Practitioner

✓ indicates new skill or medication for that level

CLINICAL LEVEL	EMT	P	AP
Cyclizine	✓	✓	✓
Ten Second Triage	✓	✓	✓
Eye Injury Management	✓	✓	✓
Casualty Clearing Station		✓	✓
Tetracaine Drops		✓	✓

New Medications and Skills for 2026 – Responder

Note: New skills & medications awaiting PHECC publication

✓ indicates new skill or medication for that level

CLINICAL LEVEL	CFR-C	CFR-A	FAR	EFR
Glyceryl Trinitrate SL			✓SA	✓SA
Adrenaline (1:1000) autoinjector			✓SA	✓SA
Salbutamol MDI			✓SA	✓SA
CSM assessment			✓	✓
Ten Second Triage			✓	✓
Glucometry				✓SA
Paediatric Assessment Triangle				✓

Care management including the administration of medications as per level of training and division on the PHECC Register and Responder levels.

Pre-Hospital Responders and Practitioners shall only provide care management including medication administration for which they have received specific training. Practitioners must be privileged by a licensed CPG provider to administer specific medications and perform specific clinical interventions.

✓	Authorised under PHECC CPGs
URMPIO	Authorised under PHECC CPGs under registered medical practitioner's instructions only
APO	Authorised under PHECC CPGs to assist practitioners only (when applied to EMT to assist paramedic or higher clinical levels)
✓SA	Authorised subject to special authorisation as per CPG
*	Non-core specified element or action
✓*	Non-core specified element or action for identified clinical level

Paramedic authorisation for IV continuation

Practitioners should note that PHECC registered paramedics are authorised to continue an established IV infusion in the absence of an advanced paramedic or doctor during transportation.

APPENDIX 2 – Medications & Skills Matrix CPG 2026

MEDICATIONS (A – G)

CLINICAL LEVEL	CFR-C	CFR-A	FAR	EFR	EMT	P	AP
Aspirin PO	✓	✓	✓	✓	✓	✓	✓
Glyceryl Trinitrate SL			✓ SA	✓ SA	✓	✓	✓
Adrenaline (1:1000) autoinjector			✓ SA	✓ SA	✓	✓	✓
Salbutamol MDI			✓ SA	✓ SA	✓	✓	✓
Oxygen INH				✓	✓	✓	✓
Glucose gel buccal				✓	✓	✓	✓
Activated Charcoal PO*					✓	✓	✓
Adrenaline (1:1000) IM					✓	✓	✓
Chlorphenamine PO/IM					✓	✓	✓
Cyclizine IM					✓	✓	✓
Glucagon IM					✓	✓	✓
Ibuprofen PO					✓	✓	✓
Methoxyflurane INH					✓	✓	✓
Naloxone IN					✓	✓	✓
Nitrous Oxide and Oxygen INH*					✓	✓	✓
Paracetamol PO					✓	✓	✓
Salbutamol nebulised					✓	✓	✓
Adrenaline nebulised						✓	✓
Clopidogrel PO						✓	✓
Dexamethasone PO						✓	✓
Glucose 5% IV						✓ SA	✓
Glucose 10% IV						✓ SA	✓
Hydrocortisone IM						✓	✓
Ipratropium Bromide nebulised						✓	✓
Midazolam buccal/IM/IN						✓	✓
Naloxone IM/SC						✓	✓
Ondansetron IM						✓	✓
Oxytocin IM						✓	✓
Tetracaine drops						✓	✓
Ticagrelor PO						✓	✓
Sodium Chlorine 0.9% IV/IO						✓ SA	✓
Adenosine IV							✓
Adrenaline (1:10,000) IV/IO							✓
Adrenaline (1:100,000) IV/IO							✓
Amiodarone IV/IO							✓
Atropine IV/IO							✓
Ceftriaxone IV/IO/IM							✓
Chlorphenamine IV							✓
Cyclizine IV							✓
Diazepam IV/PR							✓
Fentanyl IN/IV							✓
Furosemide IV							✓
Glycopyrronium Bromide SC*							✓

APPENDIX 2 – Medications & Skills Matrix

MEDICATIONS (H – T)

CLINICAL LEVEL	CFR-C	CFR-A	FAR	EFR	EMT	P	AP
Haloperidol PO/SC*							✓
Hydrocortisone IV							✓
Hyoscine Butylbromide SC*							✓
Ketamine IV/IM*							✓
Lidocaine IV/IO							✓
Lorazepam PO							✓
Magnesium Sulphate IV							✓
Midazolam IV							✓
Morphine IV/PO/IM							✓
Naloxone IV/IO							✓
Ondansetron IV							✓
Paracetamol IV/PR							✓
Sodium Bicarbonate IV/IO							✓
Tranexamic Acid IV							✓

MEDICATION ADMINISTRATION

CLINICAL LEVEL	CFR-C	CFR-A	FAR	EFR	EMT	P	AP
Oral	✓	✓	✓	✓	✓	✓	✓
Buccal				✓	✓	✓	✓
Metered dose inhaler			✓ SA	✓ SA	✓	✓	✓
Sublingual			✓ SA	✓ SA	✓	✓	✓
Intramuscular injection			✓ SA	✓ SA	✓	✓	✓
Intranasal					✓	✓	✓
Nebuliser					✓	✓	✓
Subcutaneous injection					✓	✓	✓
Infusion maintenance						✓	✓
Per rectum						✓	✓
Infusion calculations							✓
Intraosseous injection/infusion							✓
Intravenous injection/infusion							✓

APPENDIX 2 – Medications & Skills Matrix

AIRWAY & BREATHING MANAGEMENT

CLINICAL LEVEL	CFR-C	CFR-A	FAR	EFR	EMT	P	AP
FBAO management	✓	✓	✓	✓	✓	✓	✓
Head tilt chin lift	✓	✓	✓	✓	✓	✓	✓
Pocket mask	✓	✓	✓	✓	✓	✓	✓
Recovery position	✓	✓	✓	✓	✓	✓	✓
Non-rebreather mask		✓		✓	✓	✓	✓
Oropharyngeal airway		✓		✓	✓	✓	✓
Oral suctioning		✓		✓	✓	✓	✓
Venturi mask		✓		✓	✓	✓	✓
Bag Valve Mask		✓		✓	✓	✓	✓
Jaw thrust				✓	✓	✓	✓
Nasal cannula		✓		✓	✓	✓	✓
Oxygen humidification				✓	✓	✓	✓
Supraglottic airway adult (cuffed)				✓	✓ SA	✓	✓
Supraglottic airway adult (uncuffed)		✓		✓	✓	✓	✓
Tracheostomy management					✓	✓	✓
Continuous Positive Airway Pressure						✓	✓
Nasopharyngeal airway						✓	✓
Non-invasive ventilation device						✓	✓
Supraglottic airway paediatric						✓	✓
Endotracheal intubation							✓
Intubation of stoma							✓
Laryngoscopy / Magill forceps							✓
Needle cricothyrotomy							✓
Needle thoracocentesis							✓

APPENDIX 2 – Medications & Skills Matrix

CARDIAC

CLINICAL LEVEL	CFR-C	CFR-A	FAR	EFR	EMT	P	AP
AED adult & paediatric	✓	✓	✓	✓	✓	✓	✓
CPR adult, child & infant	✓	✓	✓	✓	✓	✓	✓
Recognition of death and resuscitation not indicated	✓	✓	✓	✓	✓	✓	✓
Neonate resuscitation					✓	✓	✓
ECG monitoring					✓	✓	✓
CPR mechanical assist device*					✓	✓	✓
Cease resuscitation - adult					✓ SA	✓	✓
12 lead ECG						✓	✓
Manual defibrillation						✓*	✓
Right sided ECG in ACS						✓	✓
Posterior ECG in ACS						✓	✓

HAEMORRHAGE CONTROL

CLINICAL LEVEL	CFR-C	CFR-A	FAR	EFR	EMT	P	AP
Direct pressure			✓	✓	✓	✓	✓
Nosebleed			✓	✓	✓	✓	✓
Haemostatic agent			✓*	✓*	✓*	✓	✓
Tourniquet application			✓*	✓*	✓	✓	✓
Pressure points			✓*	✓*	✓	✓	✓
Wound closure clips						✓*	✓*
Nasal pack						✓	✓

APPENDIX 2 – Medications & Skills Matrix

TRAUMA

CLINICAL LEVEL	CFR-C	CFR-A	FAR	EFR	EMT	P	AP
Burns care			✓	✓	✓	✓	✓
Application of a sling			✓	✓	✓	✓	✓
Soft tissue injury			✓	✓	✓	✓	✓
Hot packs for active rewarming (hypothermia)			✓	✓	✓	✓	✓
Active Spinal Motion Restriction				✓	✓	✓	✓
Cervical collar application				✓	✓	✓	✓
Helmet stabilisation/removal				✓	✓	✓	✓
Splint device application to limb				✓	✓	✓	✓
Log roll				✓ SA	✓	✓	✓
Move patient with a carrying sheet				✓ SA	✓	✓	✓
Extrication using a long board				✓ SA	✓	✓	✓
Rapid Extraction				✓ SA	✓	✓	✓
Secure and move a patient with an extrication device				✓ SA	✓	✓	✓
Move a patient with a split device (Orthopaedic stretcher)				✓ SA	✓	✓	✓
Move and secure patient into a vacuum mattress				✓ SA	✓	✓	✓
Move and secure a patient to a paediatric board					✓	✓	✓
Pelvic Splinting device					✓	✓	✓
Traction splint application					APO	✓	✓
Passive Spinal Motion Restriction						✓	✓
Lateral dislocation of patella – reduction						✓	✓
Taser gun barb removal						✓	✓

APPENDIX 2 – Medications & Skills Matrix

PATIENT ASSESSMENT

CLINICAL LEVEL	CFR-C	CFR-A	FAR	EFR	EMT	P	AP
Assess responsiveness	✓	✓	✓	✓	✓	✓	✓
Check breathing	✓	✓	✓	✓	✓	✓	✓
FAST assessment	✓	✓	✓	✓	✓	✓	✓
Capillary refill			✓	✓	✓	✓	✓
AVPU			✓	✓	✓	✓	✓
Pulse check			✓	✓	✓	✓	✓
Breathing / pulse rate		✓ SA	✓	✓	✓	✓	✓
Primary survey			✓	✓	✓	✓	✓
SAMPLE history			✓	✓	✓	✓	✓
Secondary survey			✓	✓	✓	✓	✓
CSM assessment			✓	✓	✓	✓	✓
Rule of Nines				✓	✓	✓	✓
Assess pupils				✓	✓	✓	✓
Blood pressure				✓	✓	✓	✓
Glucometry				✓ SA	✓	✓	✓
Paediatric Assessment Triangle				✓	✓	✓	✓
Pain assessment				✓	✓	✓	✓
Patient Clinical Status				✓	✓	✓	✓
Pulse oximetry				✓	✓	✓	✓
Temperature				✓	✓	✓	✓
Triage sieve (Ten Second Triage)				✓	✓	✓	✓
Capacity evaluation					✓	✓	✓
Chest auscultation					✓	✓	✓
Ketone measurement*					✓	✓	✓
Major Incident Triage Tool					✓	✓	✓
Capnography						✓	✓
Casualty Clearing Station						✓	✓
Glasgow Coma Scale (GCS)						✓	✓
Peak expiratory flow						✓	✓
Pre-hospital Early Warning Score						✓	✓
Treat and referral						✓	✓
Richmond Agitation-Sedation Scale (RASS) *							✓

APPENDIX 2 – Medications & Skills Matrix

OTHER

CLINICAL LEVEL	CFR-C	CFR-A	FAR	EFR	EMT	P	AP
Use of Red Card	✓	✓	✓	✓	✓	✓	✓
Assist normal delivery of a baby				✓*	✓	✓	✓
De-escalation and breakaway skills					✓	✓	✓
ASHICE radio report					✓	✓	✓
IMIST-AMBO handover					✓	✓	✓
Uterine massage					✓	✓	✓
Malpresentations in labour						✓	✓
Shoulder Dystocia management						✓	✓
Umbilical cord complications						✓	✓
Verification of Death						✓	✓
Intraosseous cannulation							✓
Intravenous cannulation							✓
Nasogastric tube insertion*							✓
Procedural Sedation*							✓
Urinary catheterisation*							✓

Critical Incident Stress Management (CISM)

Your Psychological Well-Being

It is extremely important for your psychological well-being that you do not expect to save every critically ill or injured patient that you treat. For a patient who is not in hospital, whether they survive a cardiac arrest or multiple traumas depends on a number of factors including any other medical condition the patient has. Your aim should be to perform your interventions well and to administer the appropriate medications within your scope of practice. However, sometimes you may encounter a situation which is highly stressful for you, giving rise to Critical Incident Stress (CIS). A critical incident is an incident or event which may overwhelm or threaten to overwhelm our normal coping responses. As a result of this we can experience CIS.

When can I be adversely affected by a critical incident? Listed below are some common ways in which people react to incidents like this:

- Feeling of distress or sadness
- Strong feeling of anger
- Feeling of disillusionment
- Feeling of guilt
- Feeling of apprehension/anxiety/fear of:
 - Losing control/breaking down or
 - Something similar happening again
 - Not having done all I think I could have done
- Avoidance of the scene of incident/trauma
- Bad dreams, nightmares or startling easily
- Distressing memories or 'flashbacks' of the incident
- Feeling 'on edge', irritable, angry, under threat/pressure
- Feeling emotionally fragile or emotionally numb
- Feeling cut off from your family or close friends – "I can't talk to them" or "I don't want to upset them"
- Feeling of needing to control everything

Critical Incident Stress Management (CISM)

DOs and DONTs

DO express your emotions:

- Talk about what happened
- Talk about how you feel and how the event has impacted you
- Be kind to yourself and to others.

DO talk about what has happened as often as you need

DO find opportunities to review the experience

DO discuss what happened with colleagues

DO ask friends and colleagues for support

DO listen sympathetically if a colleague wants to talk

DO advise colleagues about receiving appropriate help

DO keep to daily routines

DO drive more carefully

DO be more careful around the home

DON'T use alcohol, nicotine or drugs to hide your feelings

DON'T simply stay away from work – seek help and support

DON'T allow anger and irritability to mask your feelings

DON'T bottle up feelings

DON'T be afraid to ask for help

DON'T think your feelings are a sign of weakness

Critical Incident Stress Management (CISM)

When things get tough, pro-actively minding yourself is crucial. Control the things you can control. Get more sleep than you think you need. Eat fresh, healthy foods at regular times and avoid snacks. Get outdoor exercise at least three times a week. Have a meaningful conversation with someone you like at least once a day. Resolve what makes you sad or angry or otherwise let it go. Be kind.

Everyone may have these feelings. Experience has shown that they may vary in intensity according to circumstance. Nature heals through allowing these feelings to come out. This will not lead to loss of control, but stopping these feelings may lead to other and possibly more complicated problems.

WHEN TO FIND HELP

1. If you feel you cannot cope with your reactions or feelings.
2. If your stress reactions do not lessen in the two or three weeks following the event.
3. If you continue to have nightmares and poor sleep.
4. If you have no-one with whom to share your feelings when you want to do so.
5. If your relationships seem to be suffering badly, or sexual problems develop.
6. If you become clumsy or accident prone.
7. If, in order to cope after the event, you smoke, drink or take more medication, or other drugs.
8. If your work performance suffers.
9. If you are tired all the time.
10. If things get on top of you and you feel like giving up.
11. If you take it out on your family.
12. If your health deteriorates.

Critical Incident Stress Management (CISM)

Experiencing signs of excessive stress?

If the range of physical, emotional and behavioural signs and symptoms already mentioned do not reduce over time (for example after two weeks), it is important that you seek support and help.

Where to find help?

Your own licensed CPG provider will have a CISM support network or system.

We recommend that you contact them for help and advice (i.e. your peer support worker/coordinator/staff support officer).

- Consult your own GP or see a health professional who specialises in traumatic stress.
- Further resources and information: <https://hugsathome.eu/resources-and-information/>
- In partnership with NAS CISM Committee, PHECC developed an eLearning CISM Stress Awareness Training (SAT) module. It can be accessed by the following personnel:
 - PHECC registered practitioners at all levels
 - National Ambulance Service-linked community first responders
 - NAS non-PHECC registered personnel

PHECC E-learning module:

https://www.phecit.ie/PHECC/Public_and_patients/Responders/PHECC/Public_and_Patients/Responders/Responders.aspx?