Pre-Hospital Emergency Care Council

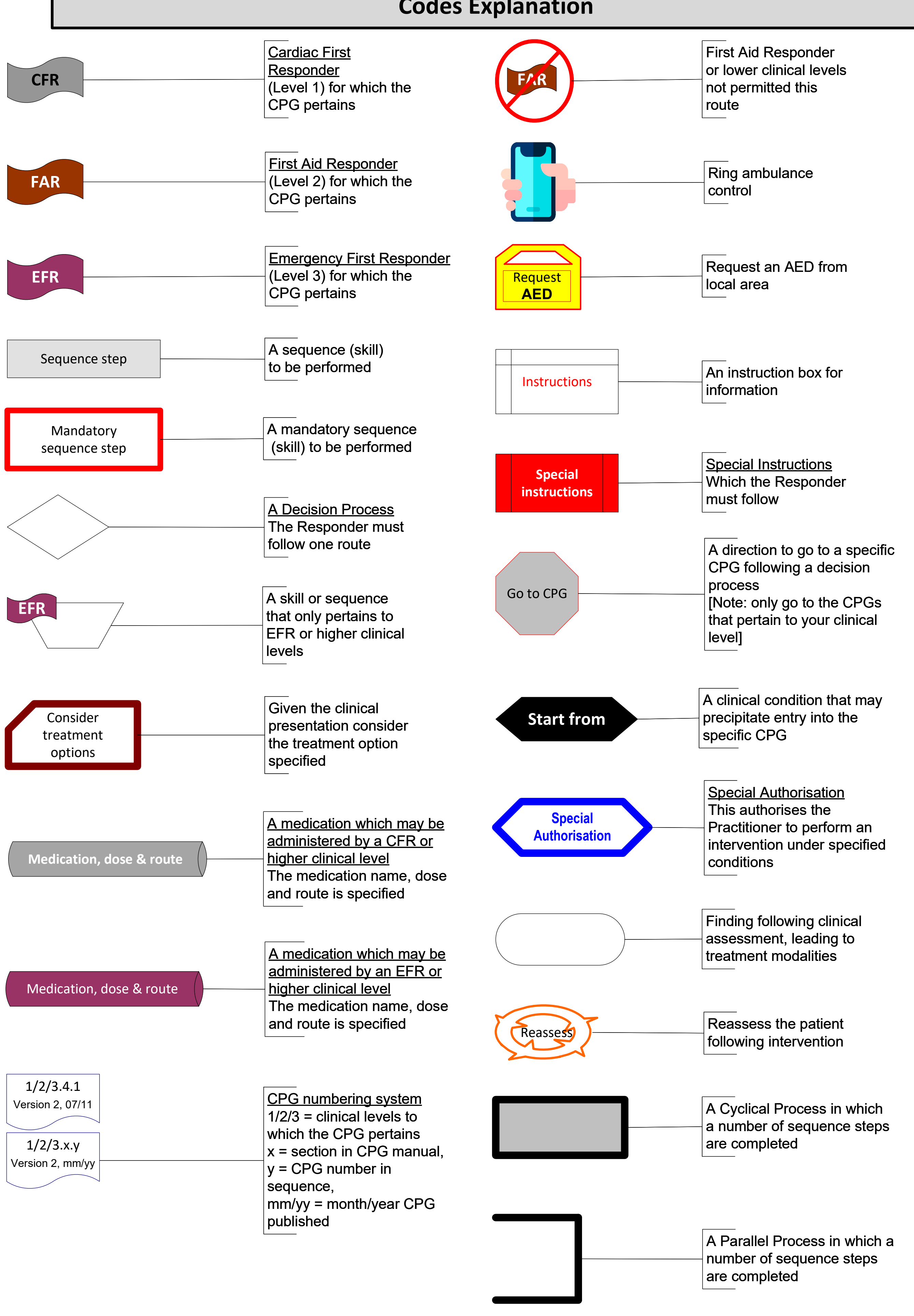
Document Generated: 14-04-2026 18:45
First Aid Responder CPGs

2026 Edition

First Aid Response

CLINICAL PRACTICE GUIDELINES

Codes Explanation



ACCEPTED ABBREVIATIONS

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. .... º

Degrees Celsius .... ºC

Dextrose (Glucose) 10% in water .... $D_{10}W$

Dextrose (Glucose) 5% in water .... D_5W

Do Not Resuscitate .... DNR

Drop (gutta) .... gtt

Electrocardiogram .... ECG

Emergency Department .... ED

Emergency Medical Technician .... EMT

Endotracheal Tube .... ETT

ACCEPTED ABBREVIATIONS

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

ACCEPTED ABBREVIATIONS

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 .... $\therefore$
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.

Primary Survey - Adult

2.1.4
Version 5, 12/2020

FAR

Take standard infection control precautions

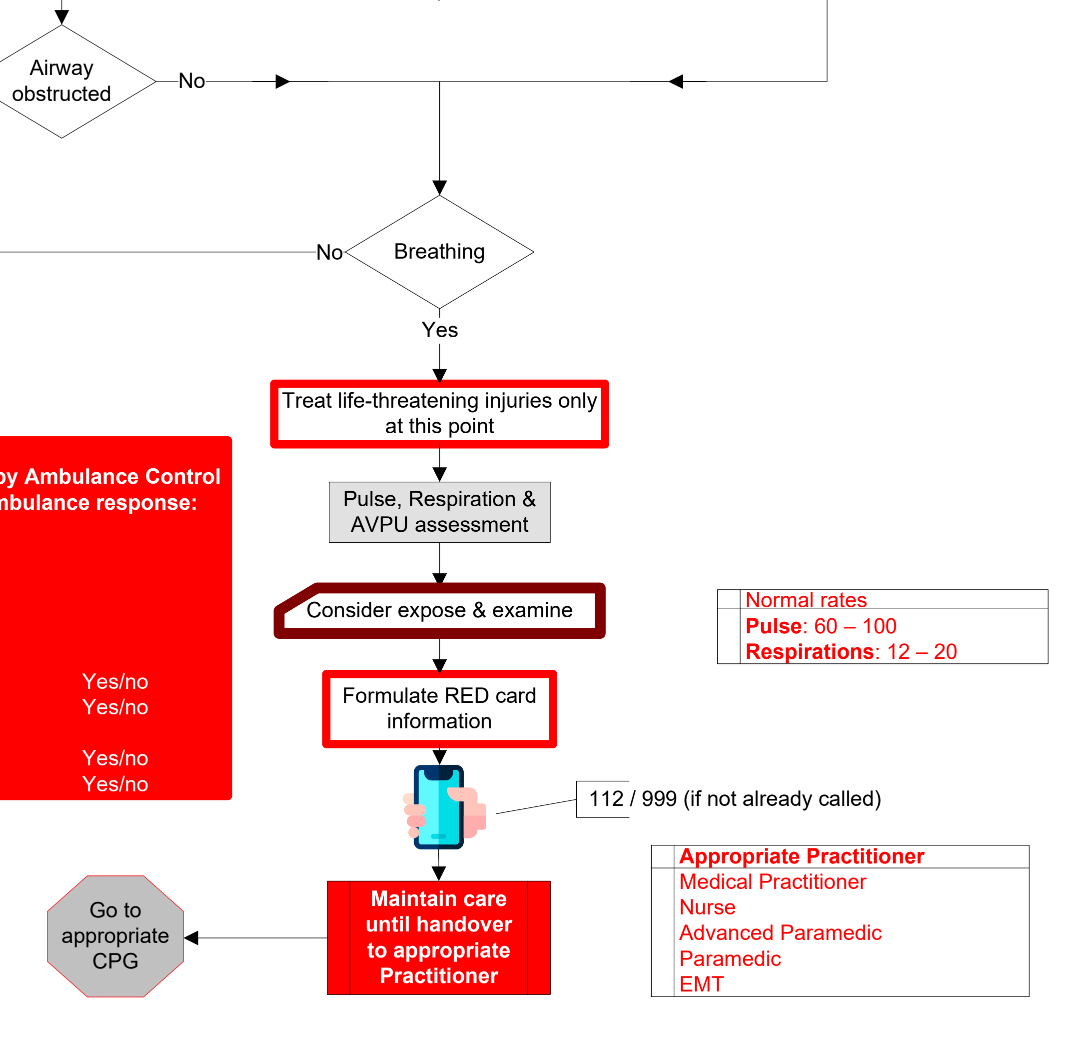
Consider pre-arrival information

Scene safety
Scene survey
Scene situation

Control catastrophic external haemorrhage

Mechanism of injury suggestive of spinal injury
Yes → Passive spinal motion restriction
No

Assess responsiveness
Unresponsive → 112 / 999 → Request **AED**
Responsive



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

Secondary Survey Medical – Adult

2.1.5
Version 3, 07/2024

Primary Survey

Record vital signs

Analogue Pain Scale
0 = no pain……..10 = unbearable

Markers identifying acutely unwell
Cardiac chest pain
Respiratory rate < 10 or > 29
AVPU = V, P or U on scale
Acute pain > 5

Patient acutely unwell

Yes

No

Focused medical history of presenting complaint

SAMPLE history

Check for medications carried and medical alert jewellery

Identify positive findings and initiate care management

Go to appropriate CPG

Formulate RED card information

112 / 999

Maintain care until handover to appropriate Practitioner

Go to appropriate CPG

RED Card
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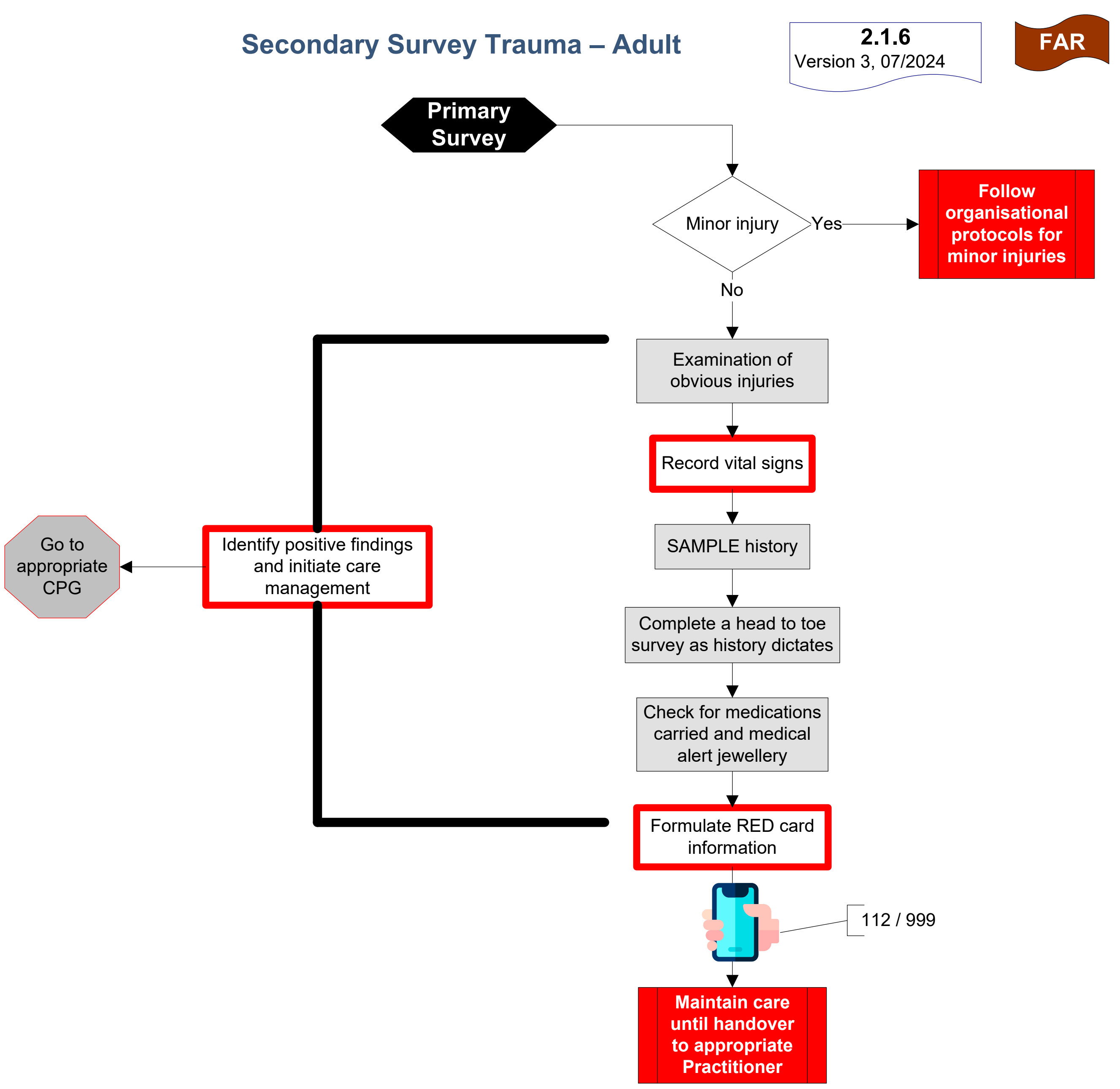
If trauma – Severe bleeding? Yes/no

Appropriate Practitioner
Medical Practitioner
Nurse
Advanced Paramedic
Paramedic
EMT

Secondary Survey Trauma – Adult

2.1.6
Version 3, 07/2024

FAR



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Appropriate Practitioner
Medical Practitioner
Nurse
Advanced Paramedic
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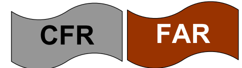


Foreign Body Airway Obstruction – Adult

FBAO

Are you choking?

FBAO Severity

Severe (ineffective cough)

Mild (effective cough)

Encourage cough

Conscious — No / Yes

1 to 5 back blows

Effective — No / Yes

1 to 5 abdominal thrusts (or chest thrusts for obese or pregnant patients)

Effective — No / Yes

If patient becomes unresponsive

Open **Airway**

Request **AED**

112 / 999

One cycle of CPR

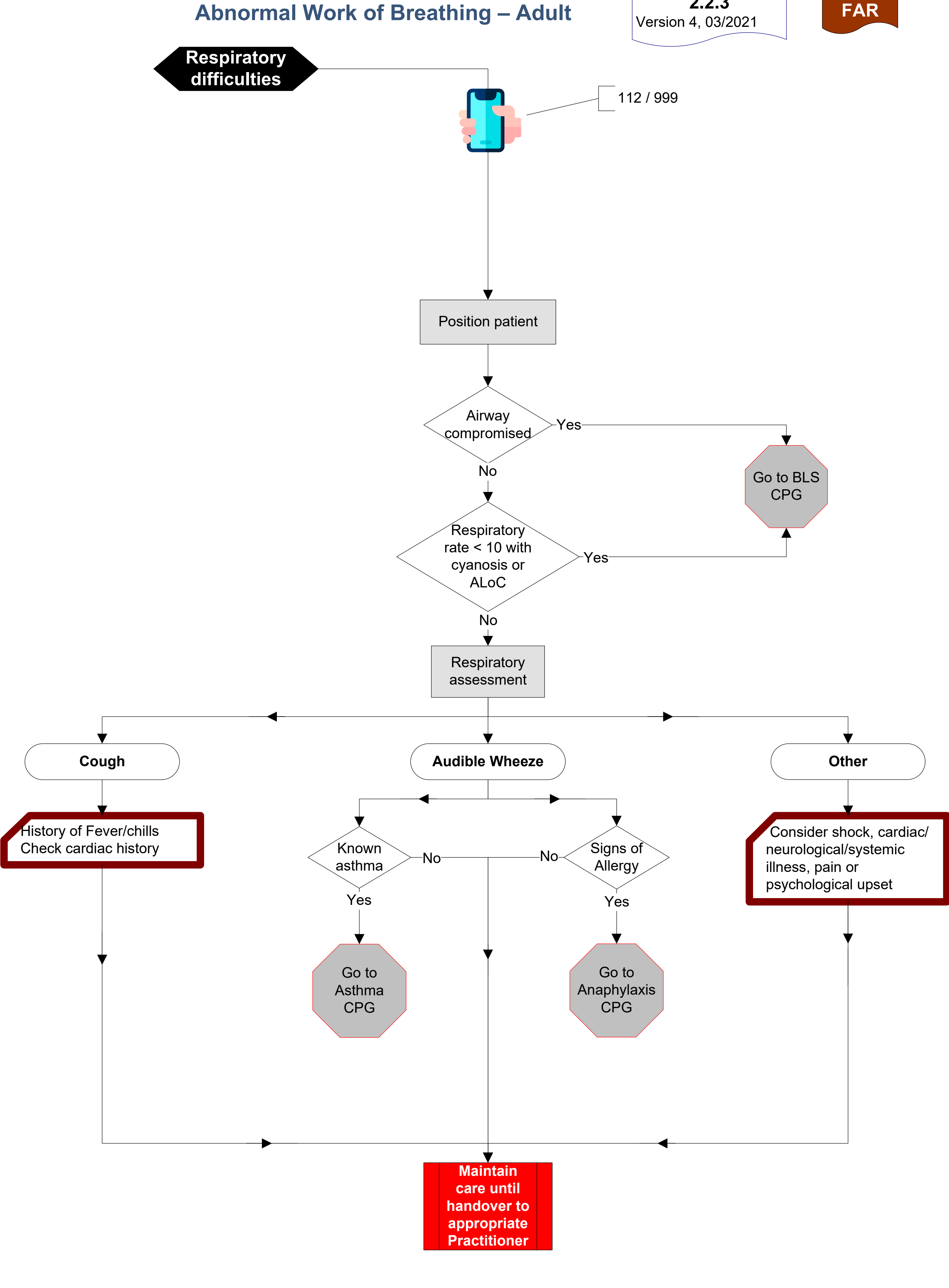
Effective — Yes / No

Go to BLS Adult CPG

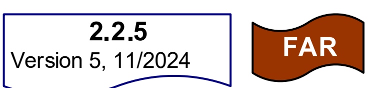
After each cycle of CPR open mouth and look for object.
If visible, make one attempt to remove.

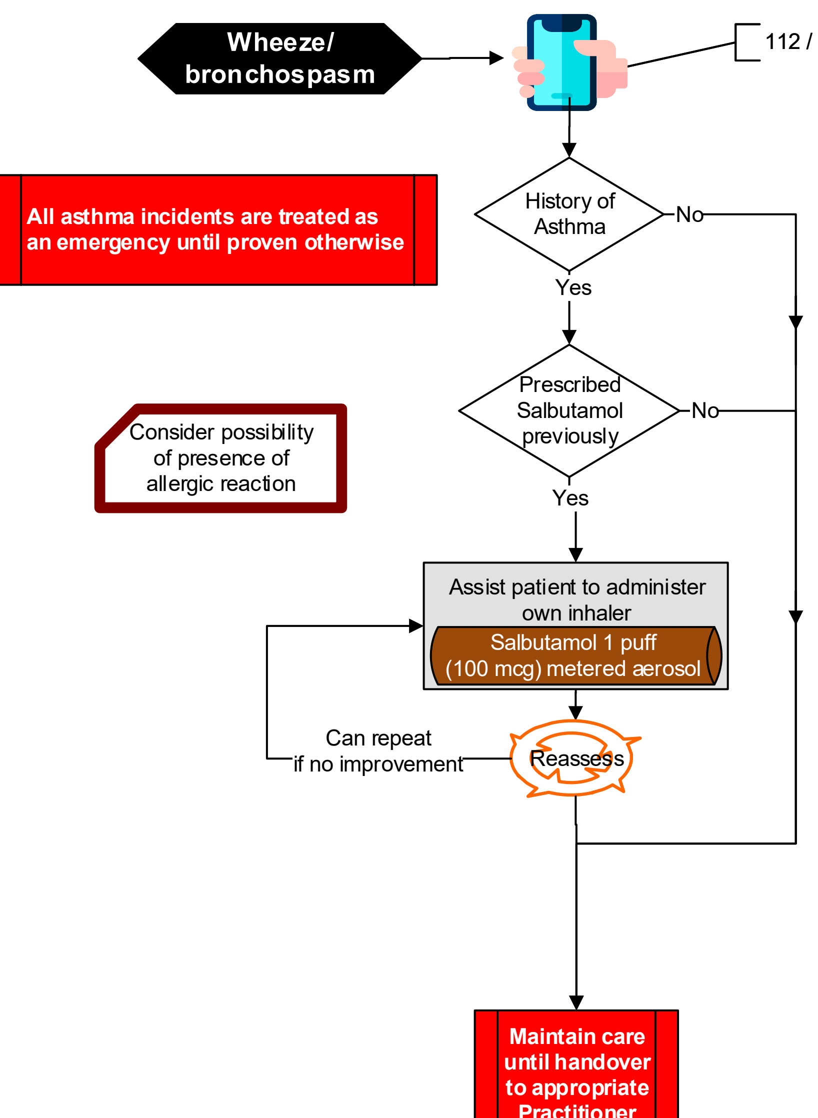
112 / 999

Maintain care until handover to appropriate Practitioner


Abnormal Work of Breathing – Adult
2.2.3
Version 4, 03/2021
FAR
Respiratory difficulties
112 / 999
Position patient
Airway compromised
Yes
No
Go to BLS CPG
Respiratory rate < 10 with cyanosis or ALoC
Yes
No
Respiratory assessment
Cough
Audible Wheeze
Other
History of Fever/chills
Check cardiac history
Known asthma
No
Yes
Go to Asthma CPG
Signs of Allergy
No
Yes
Go to Anaphylaxis CPG
Consider shock, cardiac/ neurological/systemic illness, pain or psychological upset
Maintain care until handover to appropriate Practitioner

Asthma – Adult





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)

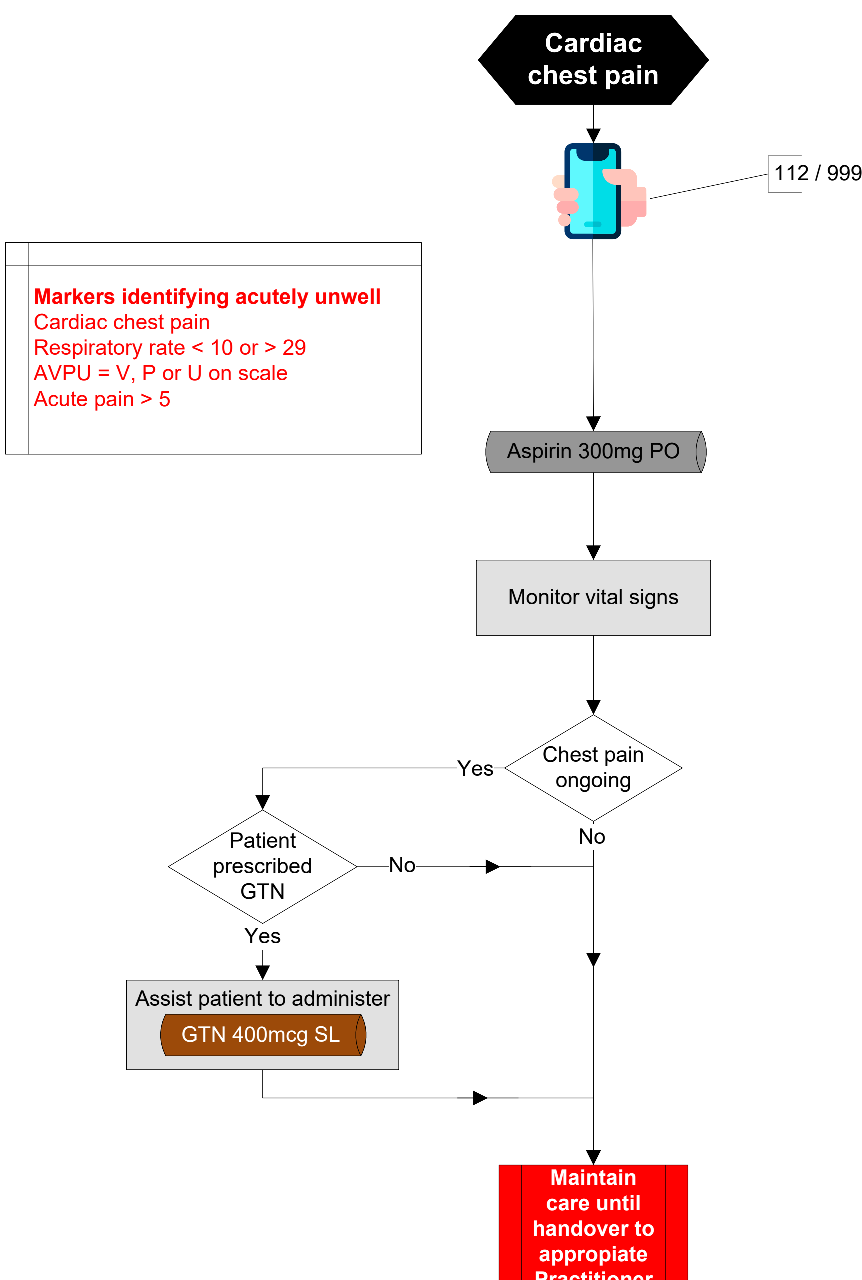
During an asthma attack;
Do use a spacer device if one is available
Do listen to what the patient is saying – they may have had attacks before.

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.

Cardiac Chest Pain – Acute Coronary Syndrome

1/2.3.1
Version 5, 07/2024

CFR FAR



Fainting

2.4.3
Version 3, 07/2024

Apparent faint

Check Airway and Breathing (A & B)

Call 112 / 999

A or B issue identified — Yes → Go to BLS CPG

No

Check for injuries (Primary survey)

Haemorrhage identified — Yes → Go to Haemorrhage CPG

No

Ensure patient is lying down

Elevate lower limbs (higher than body)

Prevent chilling

Monitor vital signs

Encourage patient to gradually return to sitting position

Check for underlying medical conditions — If yes → Go to appropriate CPG

Maintain care until handover to appropriate Practitioner

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

Glycaemic Emergency – Adult

2.5.3
Version 4, 07/2024

Known diabetic with confusion or altered level of consciousness

112 / 999

Prevent chilling

A or V on AVPU scale

Yes

Sweetened drink

Allow 5 minutes to elapse following administration of sweetened drink

Reassess

Improvement in condition

No

Yes

Advise a carbohydrate meal (sandwich)

No

Recovery position

Maintain care until handover to appropriate Practitioner

Altered Level of Consciousness – Adult

2.6.1
Version 3, 07/2024

V, P or U on AVPU scale

112 / 999

Maintain airway

Trauma

Yes

Consider Cervical Spine

Able to maintain airway

No

Yes

No

Recovery Position

Prevent chilling

Complete a FAST assessment

F – facial weakness
Can the patient smile? Has their mouth or eye drooped?
A – arm weakness
Can the patient raise both arms?
S – speech problems
Can the patient speak clearly and understand what you say?
T – time to call 112 (if positive FAST)

Obtain SAMPLE history from patient, relative or bystander

Check for medications carried and medical alert jewellery

Consider possible causes

- Anaphylaxis → Go to CPG
- Submersion incident → Go to CPG
- Hypothermia → Go to CPG
- Poison → Go to CPG
- Seizures → Go to CPG
- Glycaemic emergency → Go to CPG
- Abnormal Work of Breathing → Go to CPG
- Post resuscitation care → Go to CPG
- Stroke → Go to CPG

Maintain care until handover to appropriate Practitioner

Seizure/Convulsion – Adult

2.6.3
Version 4, 07/2024

Seizure / convulsion

Protect from harm

112 / 999

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

Seizure status

Seizing currently → Support head → Time the seizure → Keep patient safe → (back to Seizure status)

Post seizure → Alert

- Yes → Consider Cervical Spine → Reassess
- No → Recovery position → Airway management → Reassess

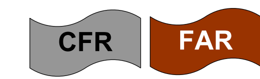
Reassess → **Maintain care until handover to appropriate Practitioner**

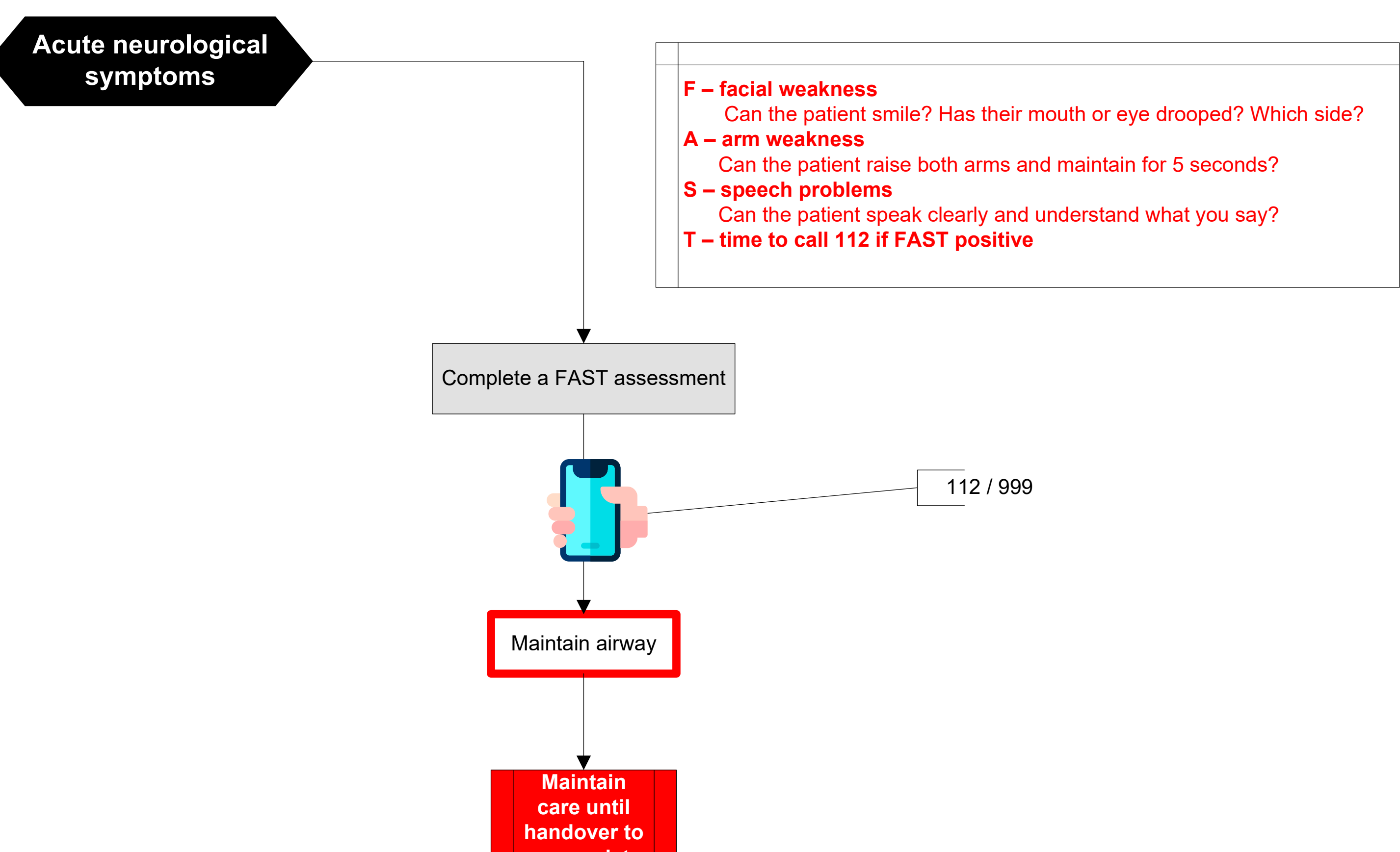
If seizure re-occurs:
Ensure 112/ 999 called if not already done

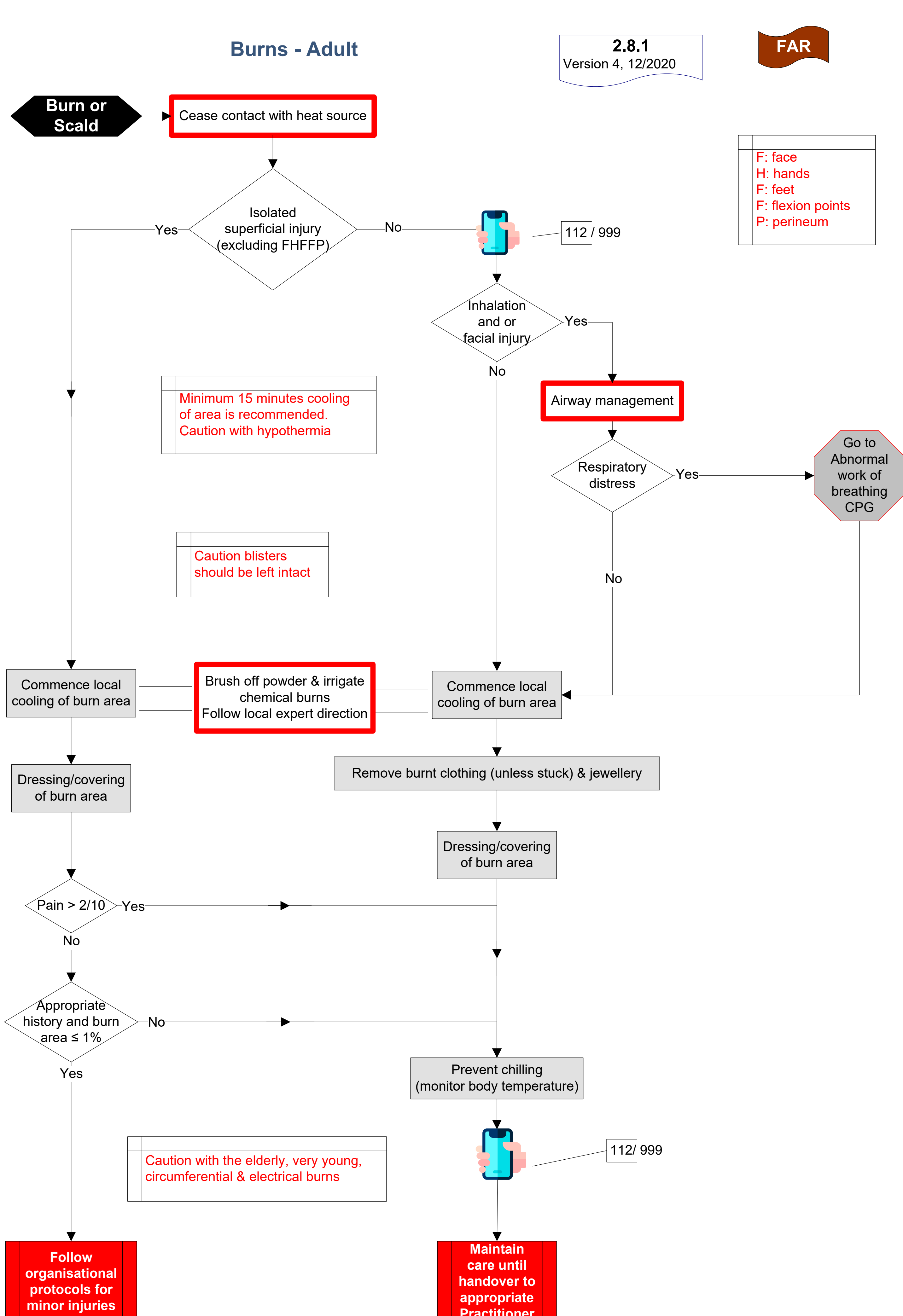
Follow local protocols where patient anti-convulsant medications are present

Stroke

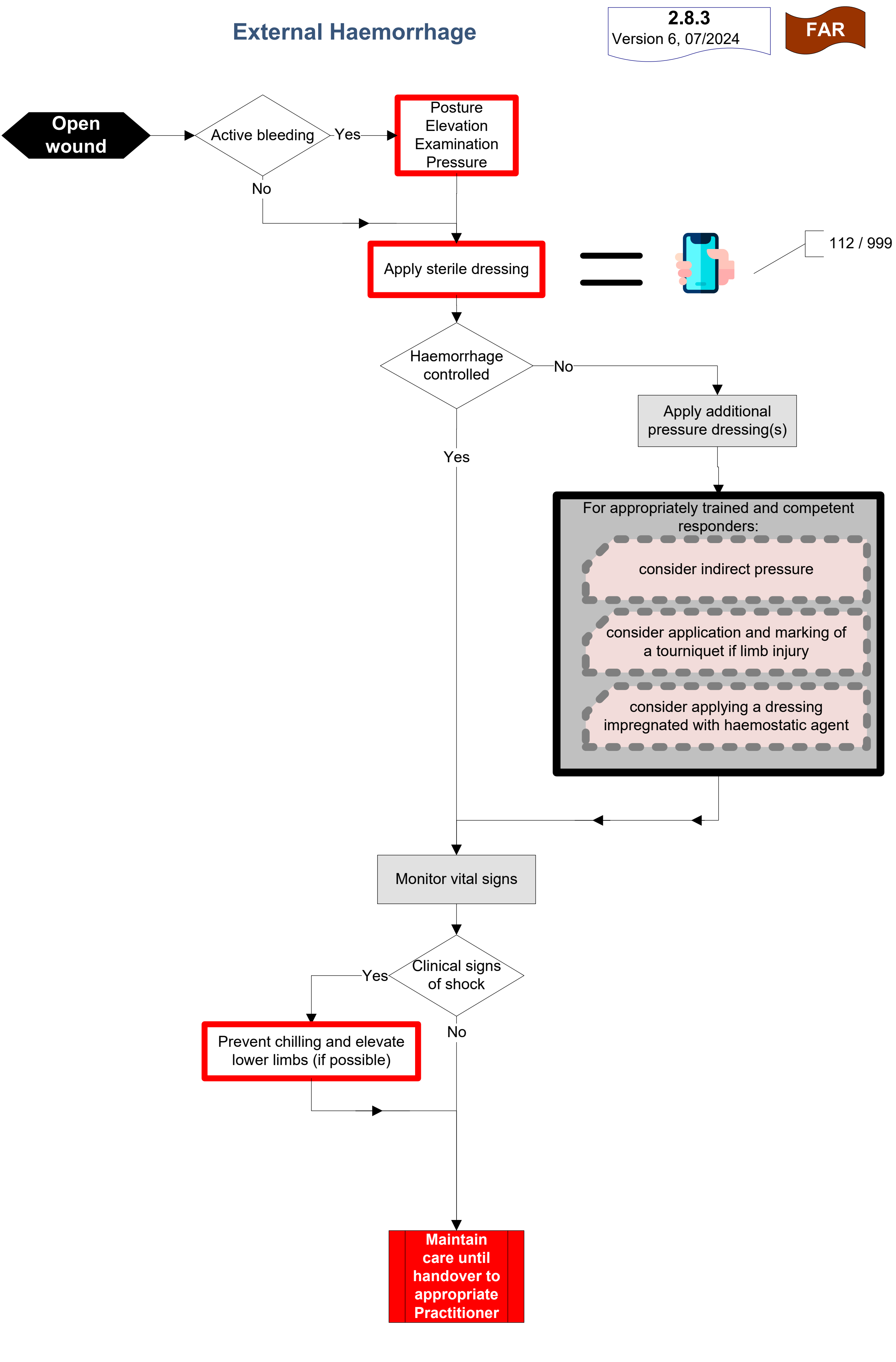
1/2.6.4
Version 5, 07/2024







Burns - Adult
2.8.1
Version 4, 12/2020
FAR
Burn or Scald
Cease contact with heat source
F: face
H: hands
F: feet
F: flexion points
P: perineum
Isolated superficial injury (excluding FHFFP)
Yes
No
112 / 999
Inhalation and or facial injury
Yes
No
Airway management
Minimum 15 minutes cooling of area is recommended.
Caution with hypothermia
Respiratory distress
Yes
Go to Abnormal work of breathing CPG
Caution blisters should be left intact
No
Commence local cooling of burn area
Brush off powder & irrigate chemical burns
Follow local expert direction
Commence local cooling of burn area
Remove burnt clothing (unless stuck) & jewellery
Dressing/covering of burn area
Dressing/covering of burn area
Pain > 2/10
Yes
No
Appropriate history and burn area ≤ 1%
No
Yes
Prevent chilling (monitor body temperature)
112/ 999
Caution with the elderly, very young, circumferential & electrical burns
Follow organisational protocols for minor injuries
Maintain care until handover to appropriate Practitioner


External Haemorrhage
2.8.3
Version 6, 07/2024
FAR
Open wound
Active bleeding
Yes
No
Posture
Elevation
Examination
Pressure
Apply sterile dressing
112 / 999
Haemorrhage controlled
No
Yes
Apply additional pressure dressing(s)
For appropriately trained and competent responders:
consider indirect pressure
consider application and marking of a tourniquet if limb injury
consider applying a dressing impregnated with haemostatic agent
Monitor vital signs
Clinical signs of shock
Yes
No
Prevent chilling and elevate lower limbs (if possible)
Maintain care until handover to appropriate Practitioner

Harness Induced Suspension Trauma

2.8.4
Version 4, 05/2024

This CPG does not authorise rescue by untrained personnel

Caution

Personal safety of the Responder is paramount

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

Fall arrested by harness/rope

112 / 999

Patient still suspended

No → Place patient in a horizontal position as soon as practically possible

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

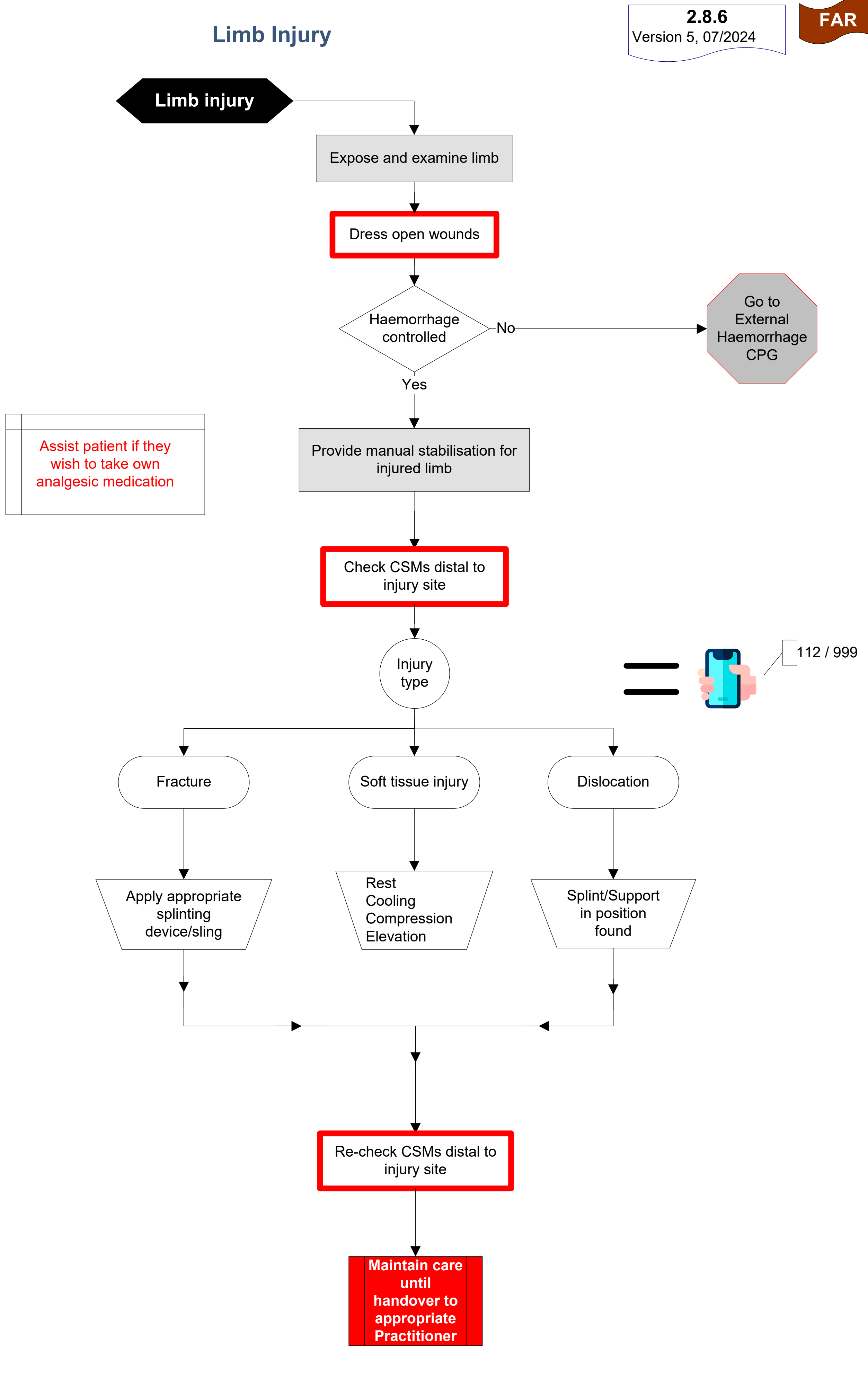
Go to appropriate CPG

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

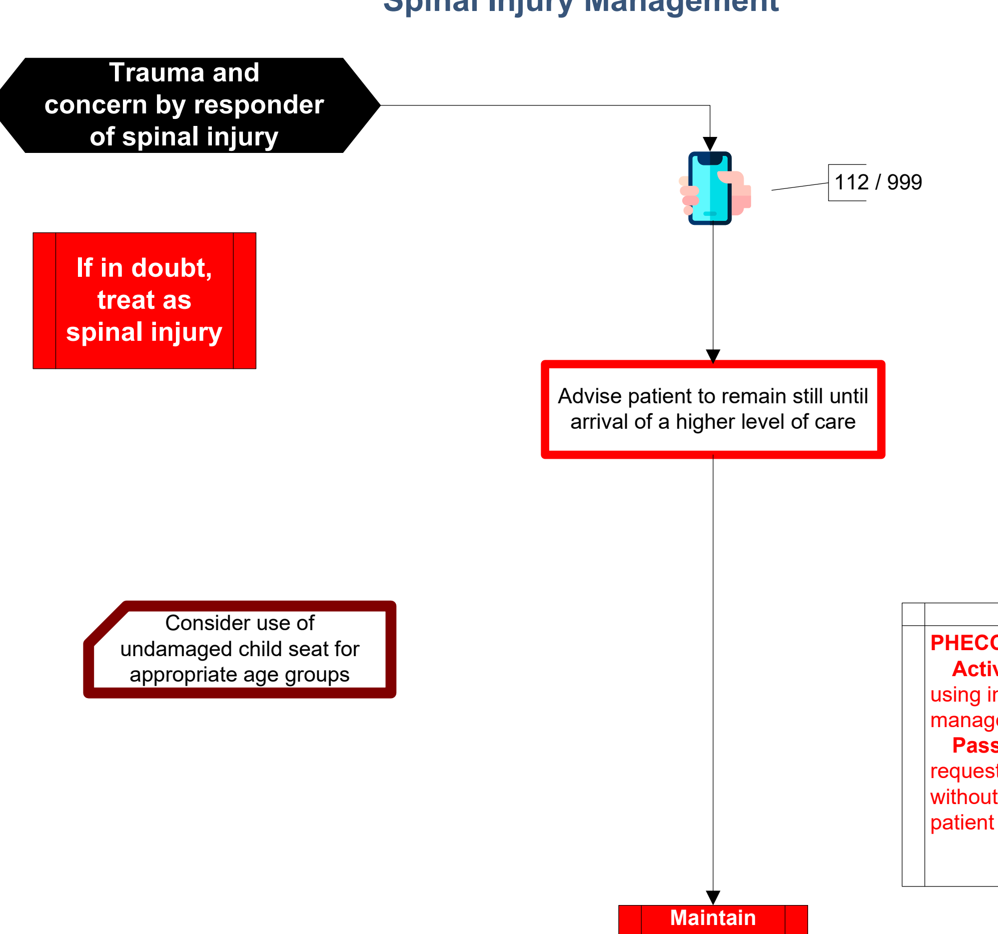
Limb Injury

2.8.6
Version 5, 07/2024



Spinal Injury Management

2.8.8
Version 4, 12/2020

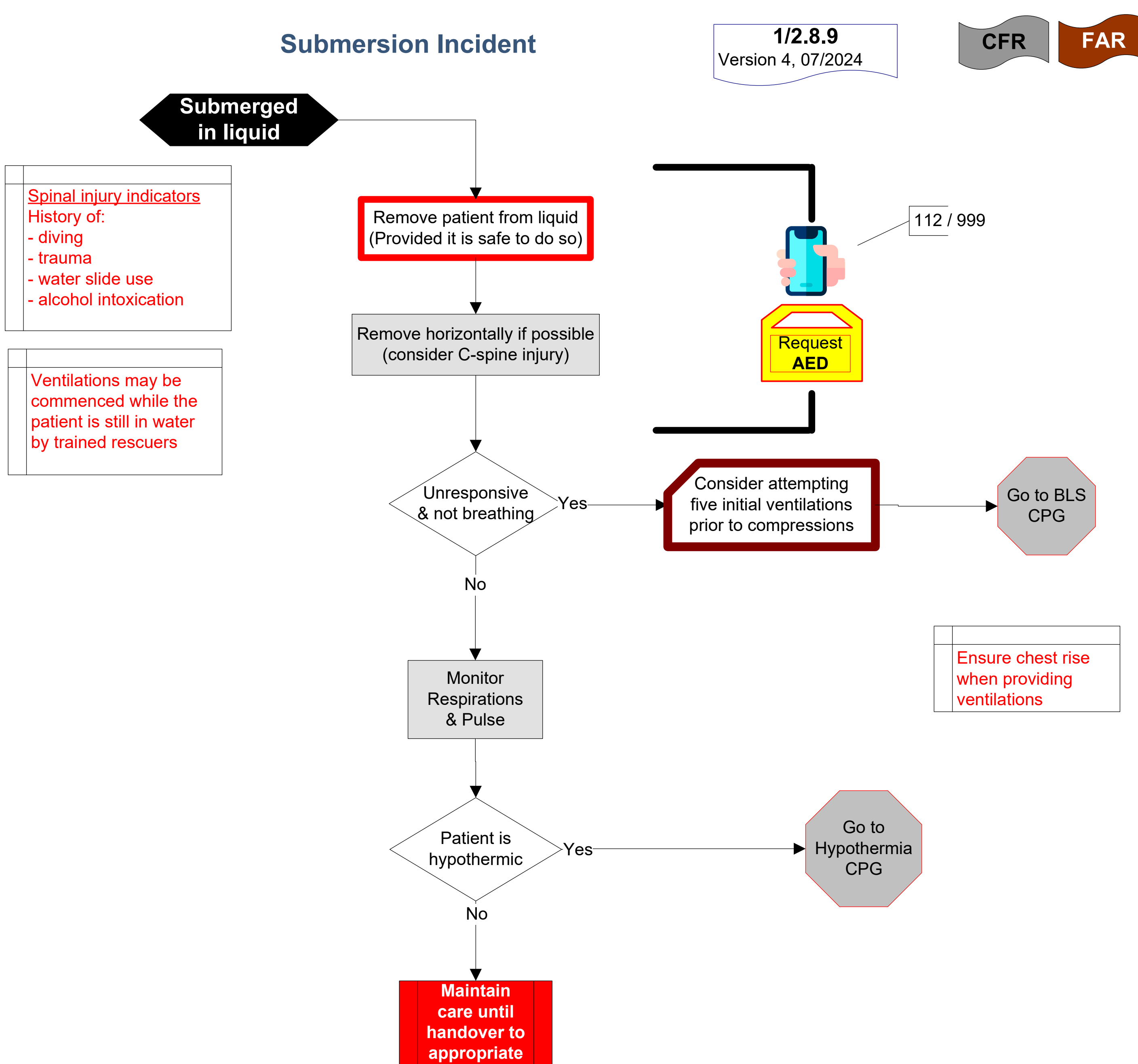


PHECC Spinal Injury Management Standard

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.

Do not forcibly restrain a patient that is combative

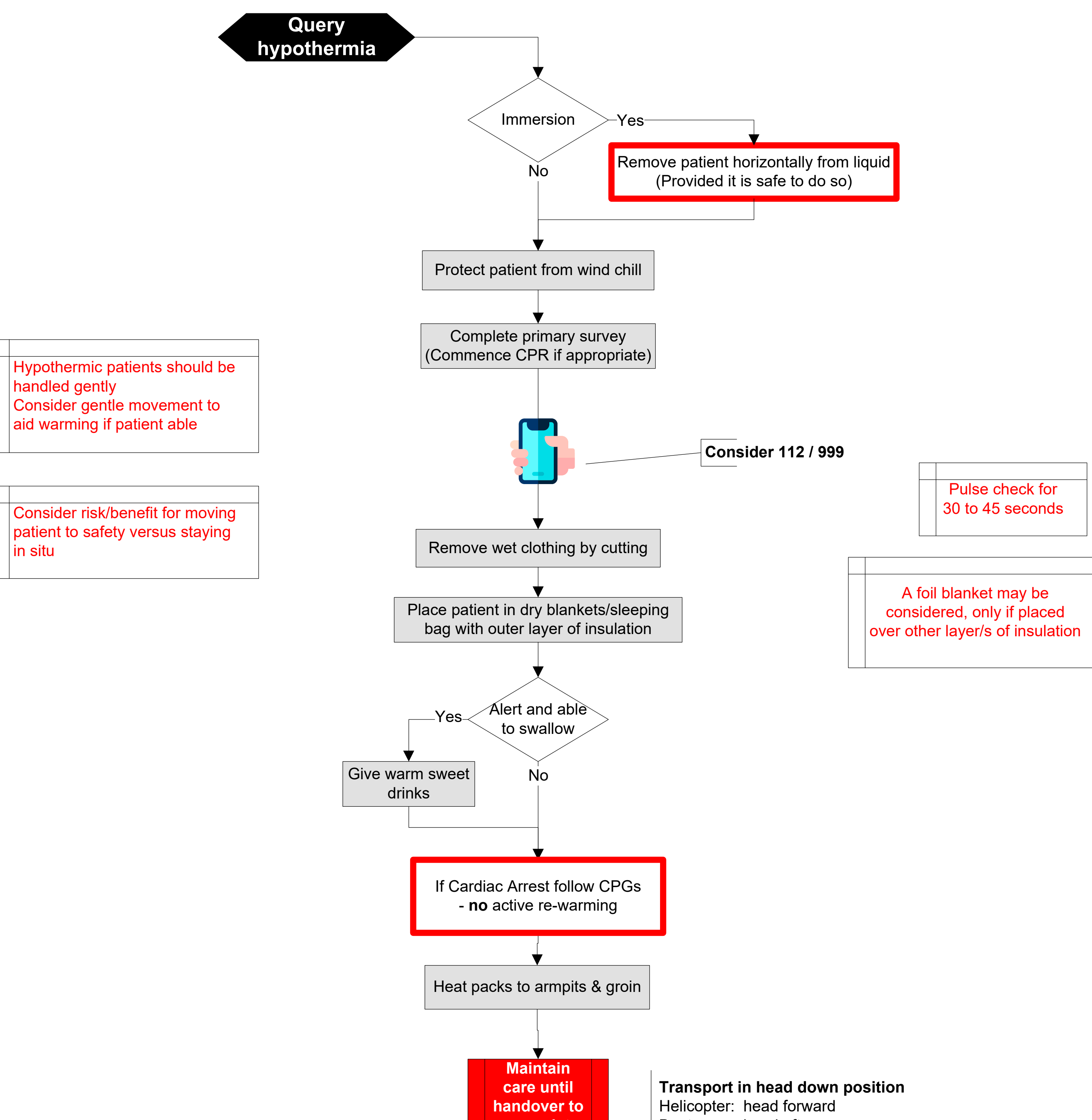


Transportation to Emergency Department is required for investigation of further drowning insult

Hypothermia

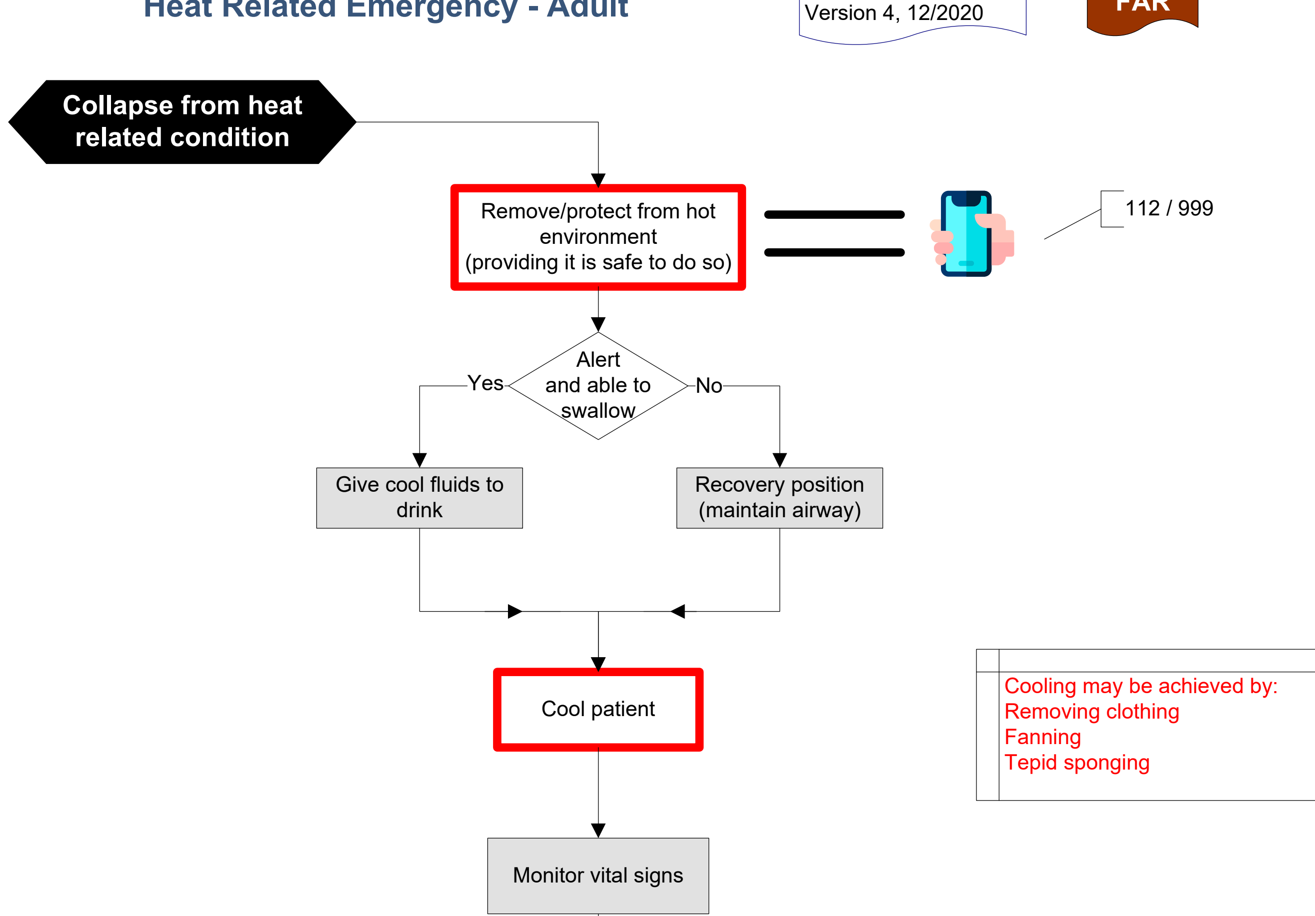
2.9.1
Version 5, 07/2024

FAR



Heat Related Emergency - Adult

2.9.2
Version 4, 12/2020



Allergic Reaction/ Anaphylaxis – Adult

2.10.1
Version 4, 11/2024

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

Life threatening

No: Place in semi-recumbent position

Wheezing
- No → Reassess
- Yes → Patient prescribed Salbutamol
  - Yes → Assist patient to administer Salbutamol 1 puff (100mcg) metered aerosol
  - No → Reassess

Yes: Lie flat with legs raised

Patient prescribed Adrenaline auto injector
- Yes → Assist patient to administer own Adrenaline 300mcg IM **(Auto injector)**
- No → Reassess

Reassess

If required, assist patient to administer own Adrenaline 300mcg IM **(Auto injector)**

Monitor vital signs

Maintain care until handover to appropriate Practitioner

Salbutamol can be repeated as required

- Exposure to a known allergen for the patient reinforces the diagnosis of anaphylaxis
- Remove allergen if possible
- There may also be vomiting, abdominal pain or incontinence

Poisons - Adult

2.10.2
Version 4, 05/2024

Scene safety is paramount

Poisoning

112 / 999

Poison source

Inhalation, ingestion or injection

Absorption

Burns

No

Yes

Go to Burns CPG

For decontamination follow local protocol

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

A on AVPU

No

Recovery Position

Yes

Monitor vital signs

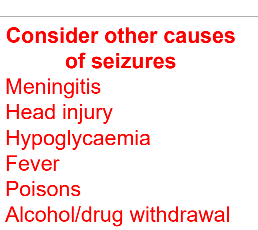
Maintain poison source package for inspection by EMS

Maintain care until handover to appropriate Practitioner

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

Seizure/Convulsion – Paediatric

2.13.14
Version 5, 07/2024



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

Seizure / convulsion

Protect from harm

112 / 999

Seizure status

Seizing currently → Support head → Time the seizure → Keep patient safe → (back to Seizure status)

Post seizure → Alert

- Yes → If pyrexial – cool child
- No → Recovery position → Airway management → If pyrexial – cool child

If pyrexial – cool child → Reassess → **Maintain care until handover to appropriate Practitioner**

If seizure re-occurs:
Ensure 112/ 999 called if not already done

Cooling may be achieved by:
- Removing clothing
- Fanning
- Tepid sponging

Follow local protocols where patient anti-convulsant medications are present

Allergic Reaction/ Anaphylaxis – Paediatric

2.13.21
Version 5, 10/2024

FAR

Allergic reaction

112 / 999

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

Assist patient with medication
Follow advice from ambulance control

Life threatening

No → Place in semi-recumbent position

Yes → Lie flat with legs raised

Wheezing

No

Yes → Patient prescribed Salbutamol

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

No

Patient prescribed Adrenaline auto injector

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

No

Reassess

Can repeat Salbutamol If no improvement

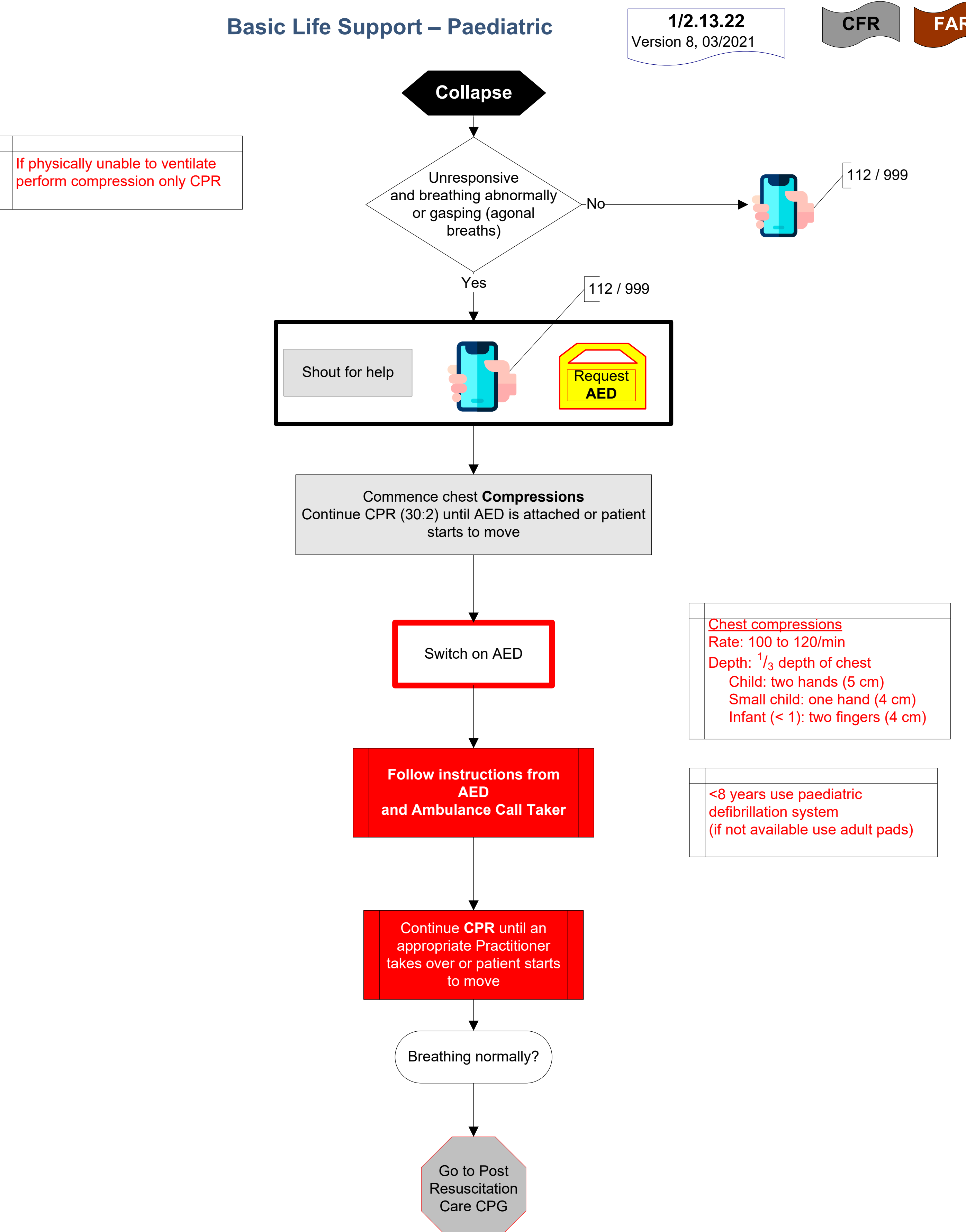
If required, assist patient to administer own Adrenaline IM
6mths to < 10yrs 150mcg (auto injector)
≥ 10yrs 300mcg (auto injector)

Monitor vital signs

- 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

Maintain care until handover to appropriate Practitioner

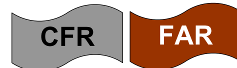


Infant AED

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.

Foreign Body Airway Obstruction – Paediatric

1/2.13.5
Version 6, 03/2021



FBAO

Are you choking?

FBAO Severity

Severe (ineffective cough)

Mild (effective cough)

Conscious

No

Yes

Encourage cough

1 to 5 back blows

Effective

No

Yes

1 to 5 thrusts
(child – abdominal thrusts)
(infant – chest thrusts)

Effective

No

Yes

If patient becomes unresponsive

Open **Airway**

Request
AED

112 / 999

one cycle of CPR

Effective

Yes

No

Go to BLS Paediatric CPG

112 / 999

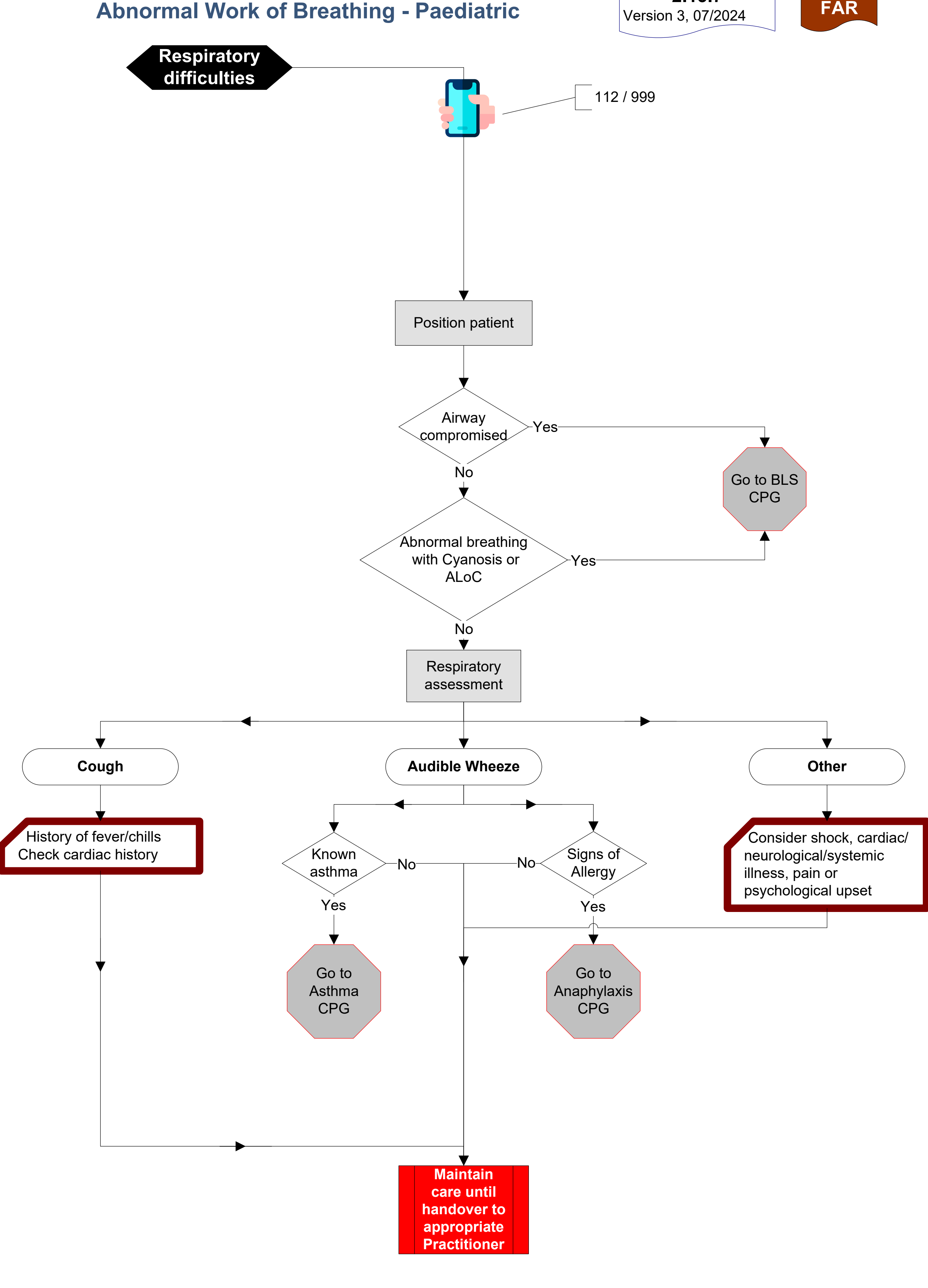
Maintain care until handover to appropiate Practitioner

After each cycle of CPR open mouth and look for object.
If visible, make one attempt to remove.

Abnormal Work of Breathing - Paediatric

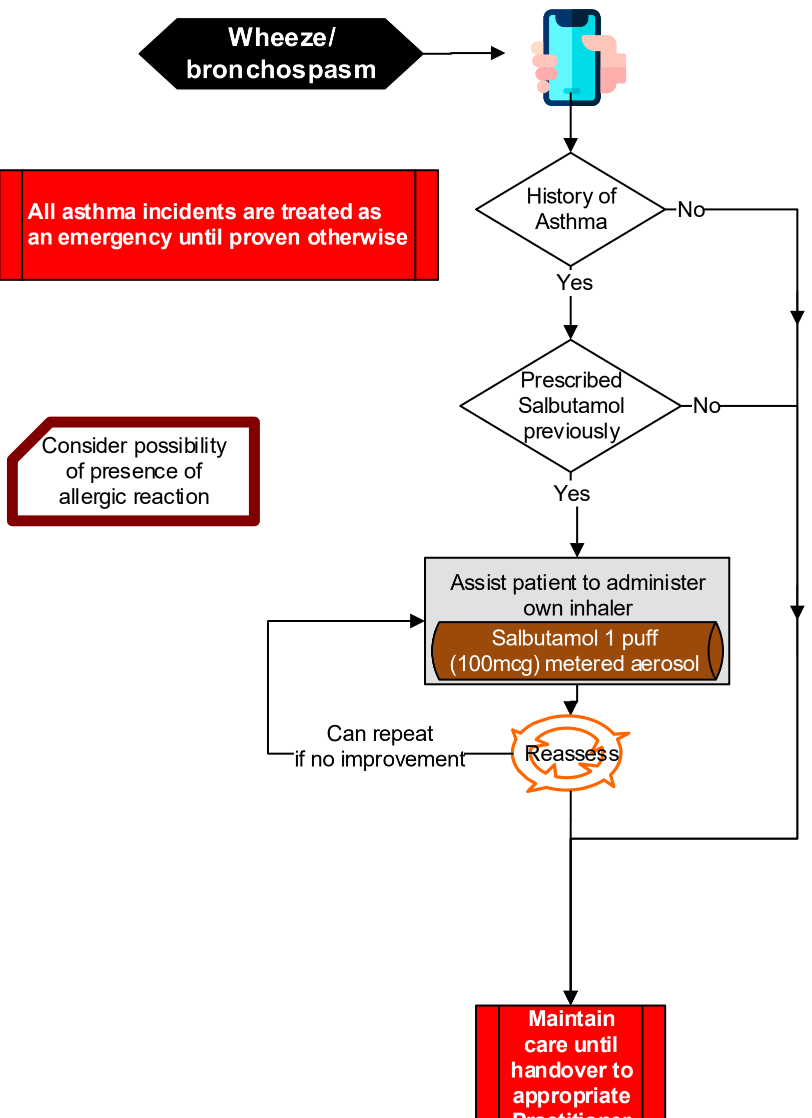
2.13.7
Version 3, 07/2024

FAR



Asthma – Paediatric

2.13.8
Version 5, 05/2024



Severe asthma:

Inability to complete sentences in one breath or too breathless to talk or feed

Respiratory rate > 30 for > 5 years old
> 50 for 2 to 5 years old

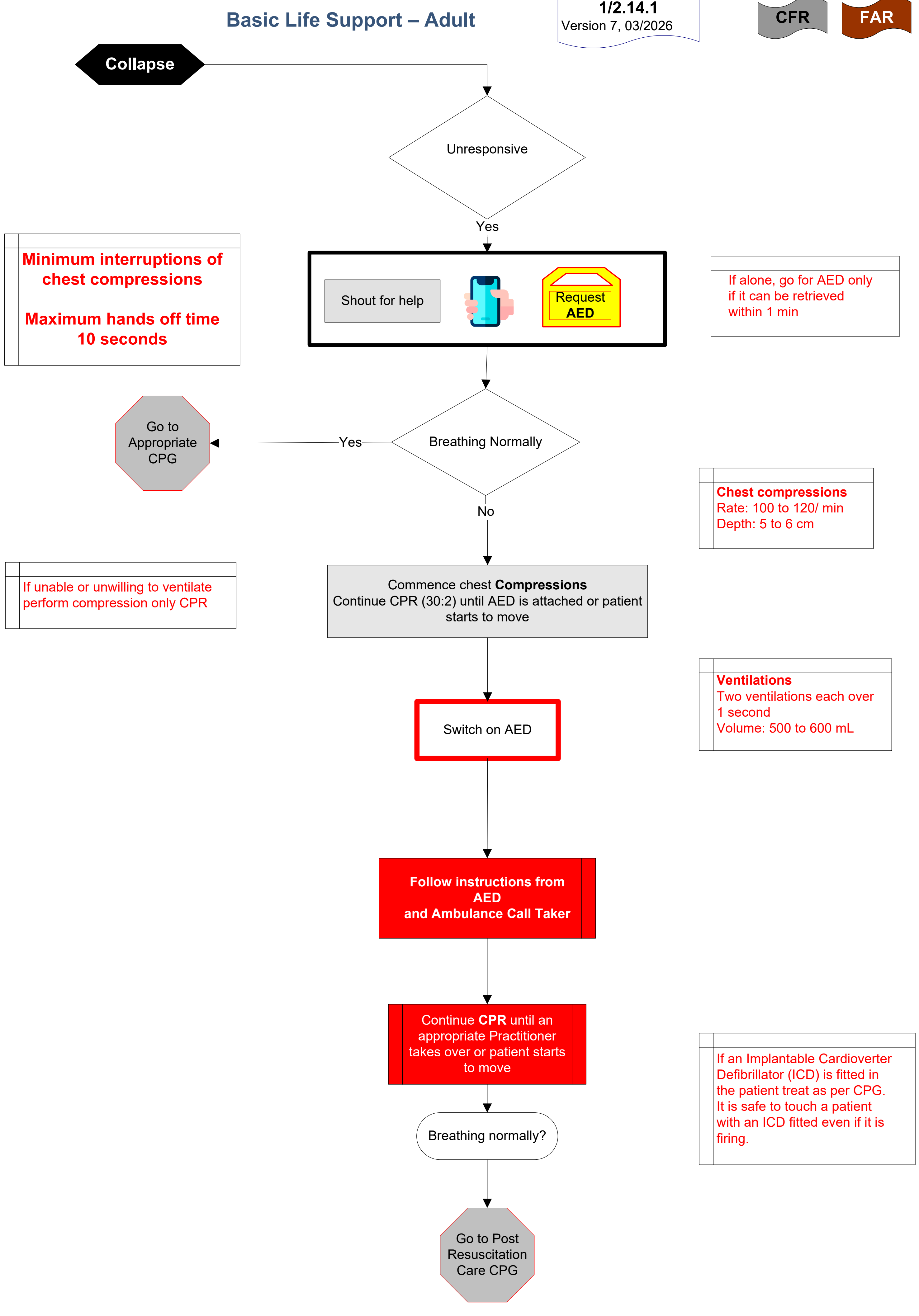
Heart rate > 120 > 5 years old
> 130 for 2 to 5 years old

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.

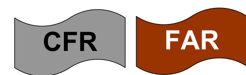
Don't put your arm around the patient or lie them down - this will restrict their breathing.
During an asthma attack extra puffs of medication are safe.

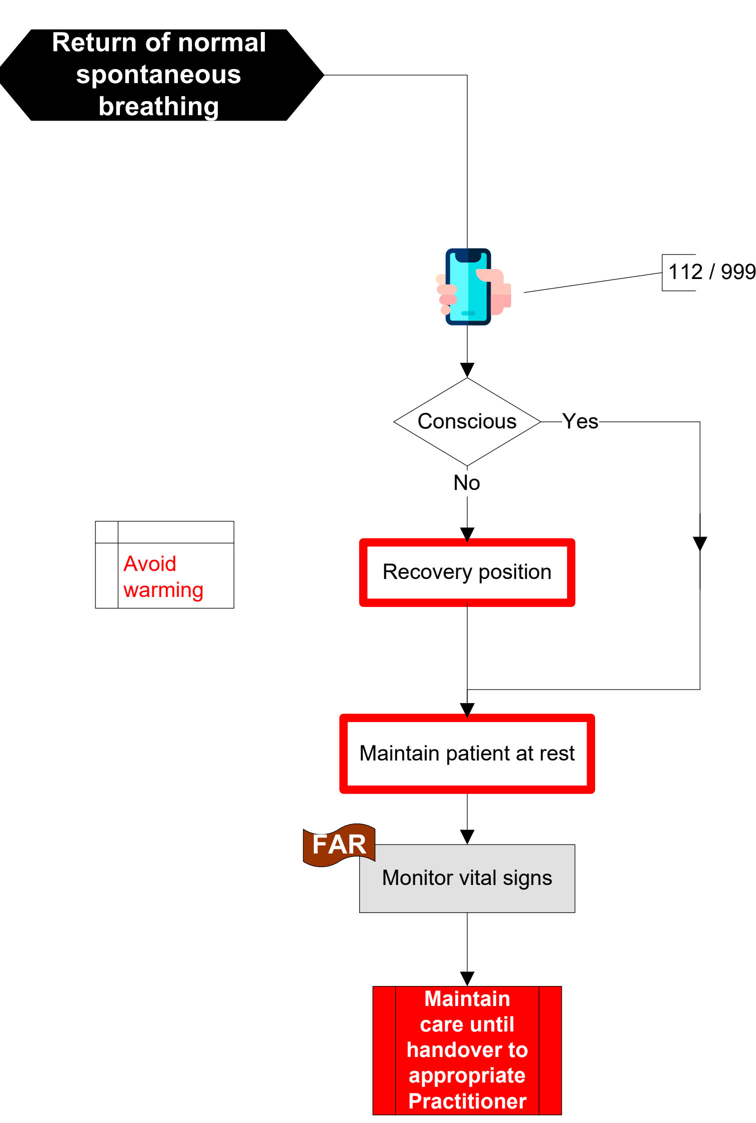


Basic Life Support – Adult
1/2.14.1
Version 7, 03/2026
CFR
FAR
Collapse
Unresponsive
Yes
Shout for help
Request
AED
Minimum interruptions of chest compressions
Maximum hands off time 10 seconds
If alone, go for AED only if it can be retrieved within 1 min
Go to Appropriate CPG
Yes
Breathing Normally
No
Chest compressions
Rate: 100 to 120/ min
Depth: 5 to 6 cm
If unable or unwilling to ventilate perform compression only CPR
Commence chest Compressions
Continue CPR (30:2) until AED is attached or patient starts to move
Ventilations
Two ventilations each over 1 second
Volume: 500 to 600 mL
Switch on AED
Follow instructions from AED and Ambulance Call Taker
Continue CPR until an appropriate Practitioner takes over or patient starts to move
If an Implantable Cardioverter Defibrillator (ICD) is fitted in the patient treat as per CPG.
It is safe to touch a patient with an ICD fitted even if it is firing.
Breathing normally?
Go to Post Resuscitation Care CPG

Post-Resuscitation Care

1/2.14.6
Version 6, 10/2024

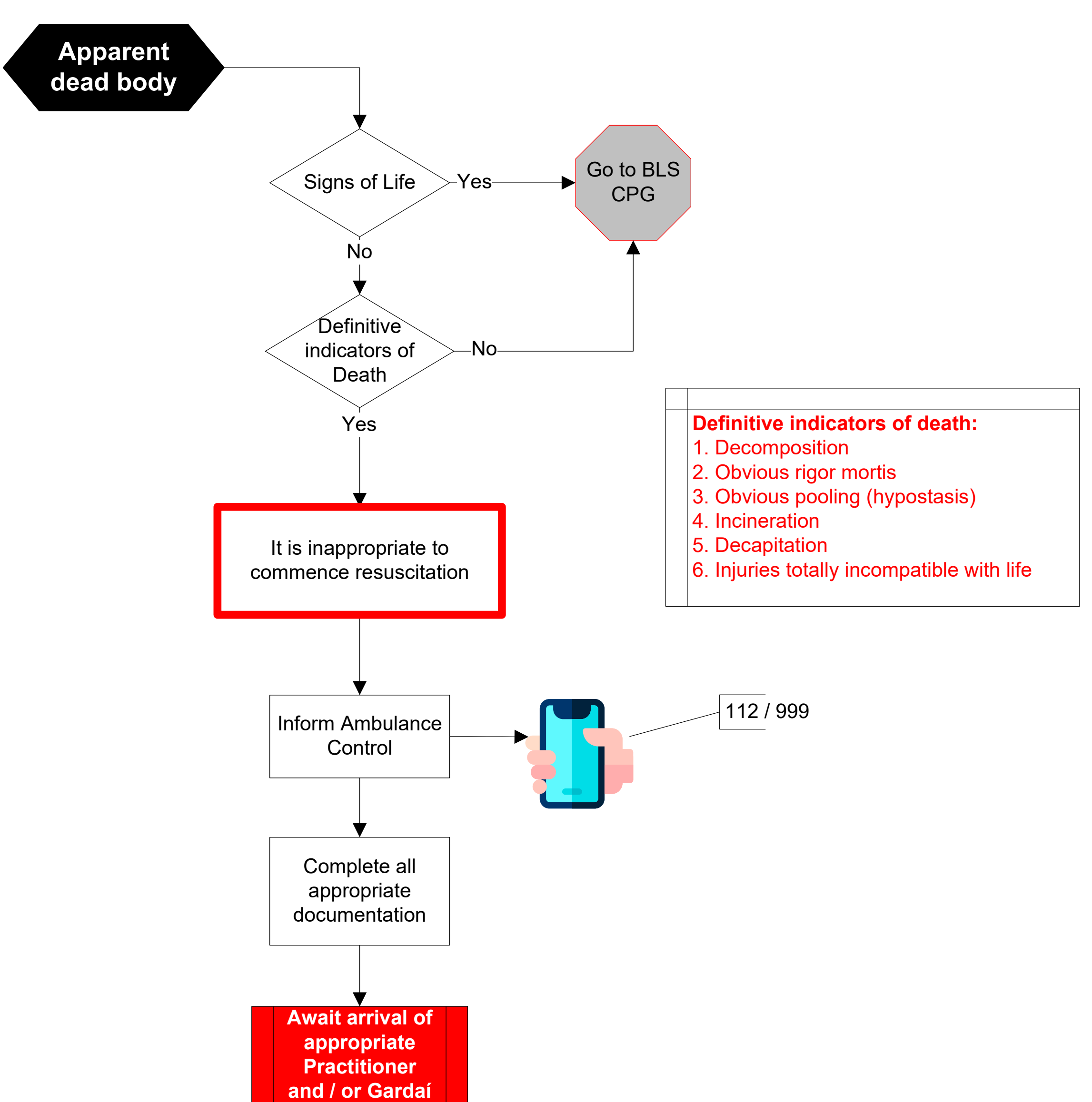




Recognition of Death – Resuscitation not Indicated

1/2.14.7
Version 3, 12/2020

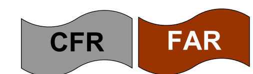
CFR FAR



Definitive indicators of death:
1. Decomposition
2. Obvious rigor mortis
3. Obvious pooling (hypostasis)
4. Incineration
5. Decapitation
6. Injuries totally incompatible with life

Team Resuscitation

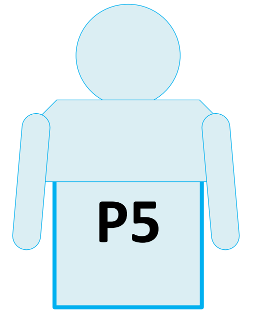
1/2.14.8
Version 2, 12/2020

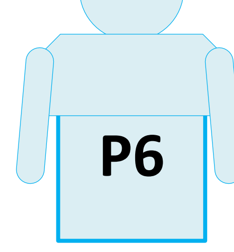


Identification: P5
Role: Family & Team Support
Position: Outside the BLS triangle
1. Family Liaison
2. Patient Hx/meds
3. Manage Equipment
4. Plan removal (if transporting)

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





P1

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)

Defib / monitor

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

P2

P3

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

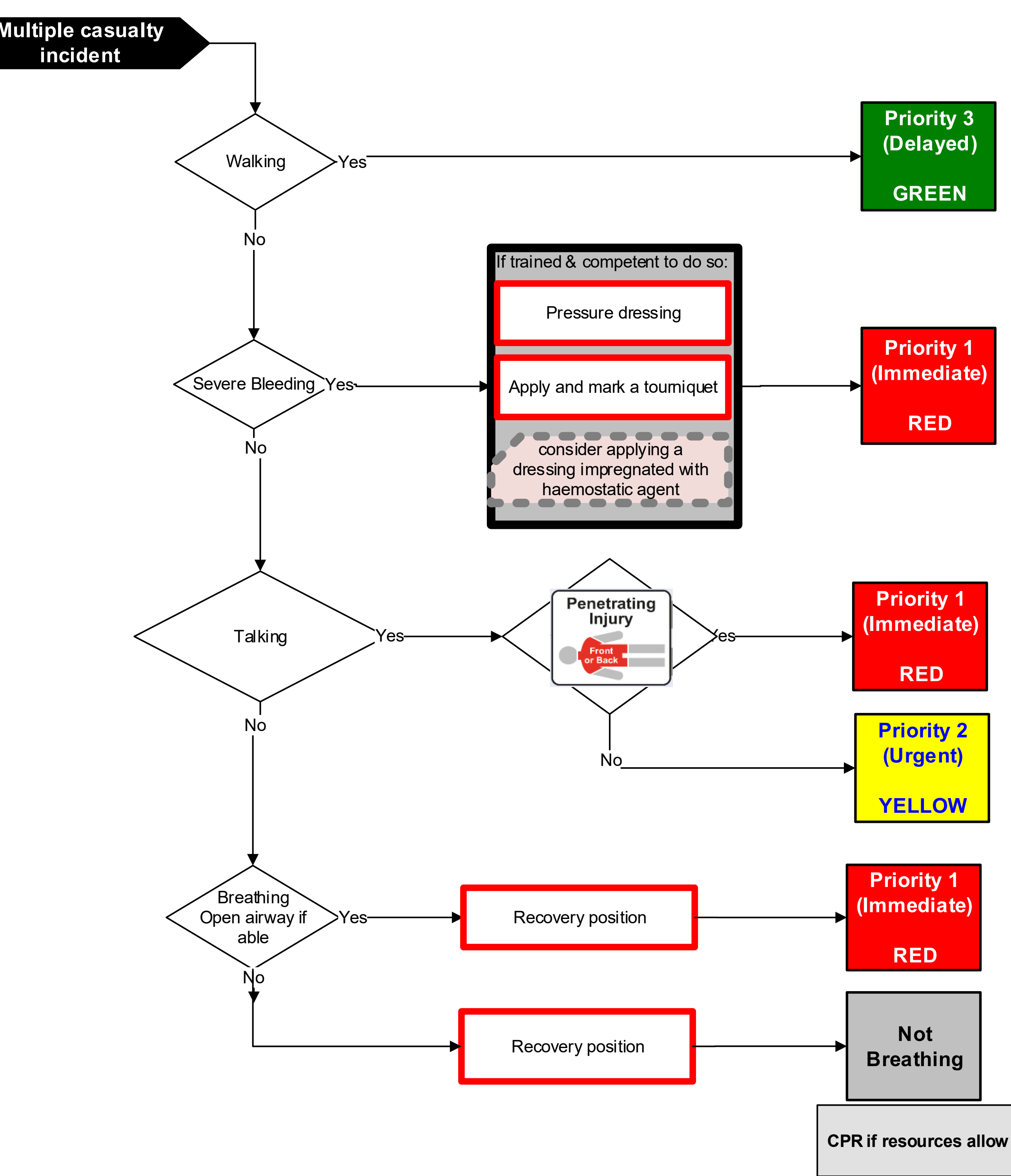
Positions and roles are as laid out, however a Responder may change position thus taking on the role of that position.

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?