



*Statement from Dr. Michael Byrne to the Joint Committee on Health and Children
June 24th 2014 Leinster House*

"I am Dr Michael Byrne, Head of the Student Health Department in UCC.

I am also co-coordinator of UCC Health Matters, the initiative that is seeking to make UCC a HSE-recognised Health Promoting University, and until recently I was the Medical Director of UCC's First-Responder AED Programme, that has overseen the provision of over 40 Automatic External Defibrillators in multiple locations on and off campus in UCC. I am a trained Healthcare AED Provider and have previously been an AED BLS instructor for both Healthcare and lay personnel. I am co-lead, along with Professor Hourihane, of UCC's Anaphylaxis Initiative.

I am more than happy to defer to Professor Hourihane in terms of the research, science and the application of knowledge in the area of Anaphylaxis, especially in the Paediatric setting. He is acknowledged as a world expert in the field of Anaphylaxis, and Ireland, and in particular Cork and the Munster region are indeed fortunate to have the services of an expert such as he.

My passion, interest and concern in this area arises from my role as the Medical Practitioner on-site, responsible for protecting the health, welfare, wellbeing and safety of over 16,000 students on campus daily. As Head of the Student Health Department, I lead a team of professional practitioners, endeavouring to anticipate and provide care for the full range of the usual presenting problems that occur in the primary care setting, for a population comparable to that of many large rural towns. In addition, as Student Health Physicians, we are challenged with anticipating and providing for the unique health-threats and risk-taking behaviours that are prominent in the 3rd level setting. To date we have had a number of notable successes, including in the area of alcohol-related harm, with the successful implementation of the University Alcohol Action Plan, which has been recognised as best practice both here in Ireland and overseas in the UK and the US. A particular success in the area of life-threatening emergencies was the establishment of the First-Responder AED Programme, with the recruitment and training of lay university personnel to act as First-Responders, along with the deployment of 40+ AED's throughout campus. Within 1 month of the first AED being installed, one life was saved through the prompt and immediate use of an AED on a parent at a conferring ceremony.

All of which is cited by way of illustrating that we believe in UCC that we have an established track record of identifying real life-threatening risks, and of implementing innovative and effective solutions to mitigate those risks. It was in that context that I was delighted to be approached by Professor Hourihane to seek to establish a comparable First-Responder Anaphylaxis Autoinjector Programme, which as he has indicated we managed to achieve in 2010-11. It is with some dismay therefore that we continue to be unable to activate this innovative and life-saving pilot project, for the want of appropriate legislative approval."



“We contend that, given the in-house expertise, the established proven track record, and the unique high-risk practices that this Anaphylaxis-prone age group display, that there is no better setting in which to establish such a First-Responder Anaphylaxis Autoinjector pilot-programme.

Life-threatening Anaphylaxis is rare. We very rarely see cases of near-death Anaphylaxis in the Student Health premises. Very rarely indeed. We have done so however, and in my 8 years as head of service in UCC, we have definitely saved at least one life in our emergency treatment room through the administration of Adrenaline. Therein lies the problem however, because there will be many more Anaphylaxis episodes which will occur when someone is **not** in our premises, it will occur when someone is in the library, on the running track or in one of our multiple eating places on-campus. It will occur at night, and at week-ends.

Students are risk-takers, it is in their DNA. They see themselves as invincible and even those who know themselves to be at risk, often will ignore that risk. We anticipate that those who know they have Anaphylaxis may not even carry their Autoinjector on many occasions. Few if any will step forward and admit to having an issue with food allergy or Anaphylaxis, not wanting to stand out in any way. In 4 years, despite asking all incoming students who had a food allergy to formally register this with my Department so that I could compile a risk register, not a single student came forward at Registration or soon after.

This is a high-risk vulnerable population. We believe we have an innovative safe and effective means of reducing that risk, and we ask for your support to make this happen.”

A handwritten signature in black ink that reads 'Michael Byrne'.

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