

## Committee of Experts on the Transport of Dangerous Goods and on the Globally Harmonized System of Classification and Labelling of Chemicals

Sub-Committee of Experts on the Globally Harmonized  
System of Classification and Labelling of Chemicals

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Item 3 (b) of the provisional agenda

**Hazard communication issues: improvement of annexes 1 to 3  
and further rationalisation of precautionary statements**

## Medical advice and medical attention

Transmitted by the expert from the United Kingdom

### Introduction

1. The GHS precautionary statements **Get medical advice/attention** (P313), **Get medical advice/attention if you feel unwell** (P314) and **Get immediate medical advice/attention** (P315) have a condition for use “Manufacturer/supplier or the competent authority to select medical advice or attention as appropriate.” The intention, therefore, is that a choice should be made.
2. Understandably, questions have been asked about the difference between medical advice and medical attention. As a contribution to the discussion, this paper summarises our understanding of what these terms mean.
3. In part this paper is prompted by working document ST/SG/AC.10/C.4/2106/20, transmitted by the European Union. This paper seeks to show that the distinction between medical advice and medical attention in the GHS precautionary statements P313, P314 and P315 is justified. The distinction is illustrated by reference to different actors in the health service and emergency response system in the United Kingdom.
4. Some suggested ways forward are included in paragraphs 9 to 11.

## Medical advice and medical attention

5. In our understanding:
  - Medical advice is generally understood as professional advice to an individual about an existing or potential medical condition or concern. Medical advice is usually provided by someone with a high level of training and expertise.
  - Medical attention is generally understood to mean treatment to an individual by someone who has been trained to undertake certain functions. The extent of treatment given will generally reflect the level of training, which may be limited (e.g. first aider in a school or factory), specific (e.g. emergency responder or paramedic), or extensive (e.g. a surgeon or doctor). A need for medical attention usually implies a degree of urgency.

6. The differences between medical advice and medical attention can best be understood by considering the different professions or roles that may be involved. This is contextual and will reflect the health and emergency response systems in the country or region in which medical advice or attention is given. Table 1 reflects a UK perspective, and there is no suggestion that this is what should happen in other countries.

**Table 1: Sources of medical advice or medical attention**

<i>Source</i>	<i>Medical advice or medical attention?</i>
Consultant/doctor/medical practitioner	<ul style="list-style-type: none"> <li>• When undertaking consultations, e.g. in a clinic: <b>medical advice</b>.</li> <li>• When treating patients, e.g. in operating theatres, hospital casualty departments, fracture clinics, minor treatment centres: <b>medical attention</b>.</li> </ul>
Nurses, including school nurses	<ul style="list-style-type: none"> <li>• When dressing injuries, administering medicines, etc: <b>medical attention</b>.</li> <li>• Sometimes more senior or specialist nurses (e.g. triage nurses) may give <b>medical advice</b> in limited areas, usually working under the oversight of a doctor/medical practitioner.</li> </ul>
Emergency responders /paramedics	Ambulance staff responding to emergency calls are trained to provide and undertake certain types of <b>medical attention</b> . They will also make decisions about what action is needed, e.g. transfer to hospital for further treatment, or no further action needed other than advising the individual to visit their doctor/medical practitioner.
Non-emergency phone number (in UK 111)	Staff responding to telephone requests for help are not usually doctors but follow schemas devised by medical staff to give <b>medical advice</b> on what to do in certain situations. For example, the advice may be to contact the emergency response system, to go to a local hospital / health centre, to wait and phone again, or do nothing.
Pharmacists	As well as dispensing medicines prescribed by medical practitioners, pharmacists give limited <b>medical advice</b> . They may recommend a particular over-the-counter medicine or that the individual goes to see their doctor / medical practitioner.
Poison Centres	In the UK poison centres do not advise members of the public directly. Staff in poison centres will relay to doctors/medical practitioners confidential information on product composition. As they are not treating patients directly, they are not providing medical attention, though they may provide expert advice to doctors/medical practitioners on specific treatment in the event of emergency.
First aiders	Trained first aiders in schools or workplaces provide <b>medical attention</b> , eg for minor injuries, or may administer cardiopulmonary resuscitation (CPR) pending arrival of the emergency services.

## Some observations and reflections

7. In a UK context observations from Table 1 include:
- (a) Doctors / medical practitioners are not the only sources of medical advice and medical attention.
  - (b) Where others provide medical advice they generally operate under the supervision of, or in accordance with, instructions from doctors / medical practitioners or follow guidance from professional bodies.
  - (c) Where others provide medical attention their role, whilst important, is limited or specific, reflecting their training and competence.
  - (d) Where there is urgent need for treatment in the event of unintended exposure to a chemical, medical attention may be more appropriate than medical advice.
8. We understand that the vocabulary exists in all six UN languages to distinguish between medical advice and medical attention in line with paragraph 5. However, the appropriate phrase to use may depend in part on the nature of the health care and emergency response system, which may vary from country to country. This may help to explain why P313, P314, and P315 retain “medical advice/attention” in GHS revisions 5 and 6 (at least in English) and require manufacturers and suppliers, or competent authorities, to make a choice. However, making this choice may not be easy in practice. Furthermore, over time inconsistencies in the wording of the precautionary statements and in the application of the condition of use have arisen across the six language versions of the GHS, as noted in working document ST/SG/AC.10/C.4/2016/20.

## Options going forward

9. Informal document INF.12 sets out the proposed work programme for the correspondence group on improving annexes 1 to 3 of the GHS. One of the tasks identified for the group’s work in the next biennium is to review all the precautionary statements relating to medical response (P310 to P315) and specifically to:
- Discuss why labels tend to appear with options for medical advice/attention still presented to the user and how this might be prevented.
  - Discuss whether the distinction between medical advice and medical attention is needed.
  - Discuss the relative merits of distinguishing between “getting medical advice/attention” and “calling a POISON CENTER/doctor/...”.
10. At its meeting in December 2016, the Sub-committee will also consider working document ST/SG/AC.10/C.4/2106/17 from the correspondence group, which includes a proposal to improve the workability of the present system of precautionary statements for medical response without changing the wording of the existing statements. A relevant question is whether it is helpful to make significant changes at this stage in the wording of the current precautionary statements relating to medical advice / medical attention, as further changes can be expected in the next biennium, and changes in the wording of precautionary statements have an associated cost for industry.
11. On the other hand, if the sub-committee considers that the inconsistencies between the language versions identified in ST/SG/AC.10/C.4/2106/20 must be addressed now, one way forward may be to use “medical advice/attention” in all six language versions of P313,

P314 and P315, to keep the existing condition of use “manufacturer/supplier or the competent authority to select medical advice or attention as appropriate”, and to include in the text of Section 3 to Annex 3 the explanations of medical advice and medical attention in paragraph 5 above.

12. The Sub-committee is invited to consider the options in paragraphs 10 and 11.

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