

Acquisition, Management & Use of Defibrillators Policy

1. Introduction

“Sudden cardiac arrest is a leading cause of death in Europe, affecting about 700,000 individuals a year. Many victims of sudden arrest can survive if bystanders act immediately while ventricular fibrillation (VF) is still present; successful resuscitation is unlikely once the rhythm has deteriorated to asystole.

Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by VF or pulseless ventricular tachycardia (VT). The scientific evidence to support early defibrillation is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. The chances of successful defibrillation decline at a rate of 7-10% with every minute of delay; basic life support will help to maintain a shockable rhythm but is not a definitive treatment”.

Resuscitation Council (UK) 2005

Automated External Defibrillators (AEDs) are a safe, effective and prompt way of providing early defibrillation – a key link in ‘The Chain of Survival’. AEDs have enabled increasing numbers of trained lay persons as well as Healthcare Professionals, to perform early defibrillation.

2. Scope and Purpose of the Policy

The purpose of this policy is to provide the Town Council with protocols for the acquisition, maintenance, disposal, record keeping and all other activities associated with the management and use of defibrillators provided by the Town Council.

3. Objectives

The objectives of this policy are:

- To ensure safe, prompt and effective operation of defibrillators
- To ensure accurate record keeping for effective auditing
- To ensure continuity of accountability and responsibility

4. Establishing an AED programme or PAD scheme

Is an AED needed here?

This question may arise because:

- a. A request has been received from an external organisation
- b. Someone has placed one in a similar location
- c. A cardiac arrest has occurred at the location and treatment had to wait for the arrival of the emergency service. Not unnaturally there is a feeling that the event might have been managed more efficiently
- d. An approach is made by those promoting the purchase and deployment of AEDs.
- e. Employers are considering their statutory duties under the Health and Safety at Work Act 1974 and associated regulations.

- f. Occupiers of premises (including sporting and recreational establishments) are considering their civil law 'duty of care' to visitors who use their facility.

In general, it is more likely that an AED will be used, the more worthwhile it is to provide it. Unfortunately, there are no generally agreed criteria on which to base definitive advice on whether or not to provide an AED in any specific place, but consideration of the following points should help the decision to be made:

- SCA affects predominantly middle-aged and older people (more men than women). Some younger people (including athletes and elite sportspeople) suffer SCA or sudden cardiac death; this is much less common but may attract understandable public attention.
- People with underlying heart disease (particularly ischaemic heart disease, in which the coronary arteries are narrowed) are particularly vulnerable.
- The greater the number of people present in or passing through any one place the greater the risk of SCA occurring there.
- SCA often occurs during exertion. The stress of travel is also recognised precipitant, but in many other cases there is no recognised trigger.
- The purpose of installing an AED is to deliver a shock as soon as possible after SCA – if possible within five minutes at the most. Delays in fetching the AED or obtaining a code to unlock a cabinet may reduce the chance of success.
- Although untrained members of the public have used AEDs successfully to save life, the great majority of successful AED use has been by trained people (albeit people with modest training) who were nearby. It is essential to have people on site who are willing to be trained to use the AED.
- In a workplace situation, it will be sensible to train first-aiders or 'appointed persons' in the use of an AED. However, other, untrained, members of staff should be instructed that if a person collapses and no trained person is readily available, they should use the AED, following the verbal and other prompts that it gives. They should be reassured that they will not be subject to any criticism or blame, and will be shielded by the Employers Liability Insurance against and litigation if the person dies. By using an AED, they cannot make the victim's condition worse since the device will only discharge its shock if the victim has a heart rhythm that will lead to death if they do not receive a shock
- The ability to perform CPR is a vital skill that increases survival and can buy time until the AED can be used.

These points should be considered against the background knowledge that emergency services cannot guarantee an immediate response to an individual call, even when it is given high priority.

Even when they can attend promptly, it is only on exceptional occasions that they will be able to attend and provide defibrillation within the 3-5 minutes' time window that is the objective – one that has often been achieved by PAD schemes.

By considering each of these points in any individual situation, a practical decision about whether or not to install an AED can usually be made.

5. Legal Issues

There is no 'Good Samaritan' legislation in the UK, so there is a major concern regarding the legal situation of those who attempt to resuscitate someone. Might a potential rescuer be sued after

trying to resuscitate someone who has collapsed? The short answer is that it is very unlikely that a potential rescuer could be sued.

In English Law, for someone to be held liable it would have to be shown that the intervention had left the victim in a worse situation than if there had been no intervention. In the circumstances of this policy (i.e. someone who is technically dead following a cardiac arrest) it is very unlikely that this would arise. No case brought against someone who tried to provide first aid has been successful in the UK, where the courts have tended to look favourably on those who try to help others. This subject has been considered in detail and detailed legal advice is offered elsewhere on the Resuscitation Council (UK) website: www.resus.org.uk/cpr/legal-status-of-those-attempting-cpr

The second concern is whether someone might be sued for failing to have an AED available when someone sustained a cardiac arrest – there have been high-profile cases in other countries where this has happened. Legal advice on this is available from the website mentioned above.

Priority will be given to siting council-owned AEDs on council-owned property however should an AED need to be sited in a non-council-owned location or one in a non-council-owned location is donated to the council then a legal agreement will be needed with the land-owner. The council take legal advice to draw up a standard agreement for this purpose.

6. Accountability and Responsibilities

The Town Council will consider applications from outside bodies to grant match funding for the provision of AEDs. The organisation applying for the AED has overall responsibility and accountability for the AED.

For those AEDs bought directly by the Town Council, the Town Clerk is responsible for insuring and registering the AED and for ensuring that the routine maintenance and testing procedures are carried out as required.

The Assets, Inclusion and Development Committee will oversee, review and report on the use of defibrillators as necessary to full Council.

Training will be organised for all councillors and staff to enable them to operate defibrillators within the parameters of the manufacturer's instructions. This will be repeated, at least, every four years as soon as possible in the period following the council elections.

7. Acquisition and Disposal of Equipment

7.1 Acquisition

7.1a Externally Purchased

The Town Council will set an annual grant budget for the purchase of defibrillators which applicants may apply to for matched funding. If successful the applicant will receive the grant and will purchase the defibrillator via an approved supplier and will then be responsible for registering with the National Defibrillator Database along with maintaining and insuring the AED.

7.1 b Council Purchased

The council will set an annual budget for the purchase of AEDs and the AID committee will review the provision of AEDs on an annual basis. AEDs acquired directly for the Town Council will remain the responsibility of the Town Council.

7.1c Transferred to the Council

The council will consider the transfer of ownership of defibrillators to the council if the body that has responsibility for them can no longer bear that responsibility as long as the following criteria are met:

- The AED is in usable condition (or can be made usable without undue expense)
- The AED is in a suitable location
- There are no legal impediments to the council taking ownership of the AED.

7.2 Disposal

Defibrillators that are no longer operational or cannot be repaired will be disposed of through the manufacturer. When an AED is disposed of replacing it will be a priority over providing a new AED elsewhere as long as the location still meets all the criteria in Section 4.

8. Equipment Maintenance and Storage

It is essential that all defibrillators are stored, maintained and used in accordance with the manufacturer's instructions.

9. Defibrillator Training

It is the responsibility of the Responsible Organisation (i.e. organisation that purchases the Defibrillator) to ensure their staff are trained and provided with regular update training to use the models of defibrillator provided.

10. Use of Defibrillators

Operators of AED's must follow the voice prompts of the device being used and adhere to current clinical guidelines at all times.

11. Recording and Reporting

The recording and reporting of defibrillator use is essential for those owned by the Town Council to allow for adequate auditing and evaluation and will be the responsibility of the Town Clerk.

12. Adverse Incident Reporting for Defibrillation

All adverse incidents relating to the town council's defibrillators must be recorded and action taken to prevent future occurrences. The reporting of adverse incidents is highly important and the Town Council will adopt a 'no blame' culture.

If an adverse incident is a result of equipment malfunction, the equipment must be immediately withdrawn from service and Full Council should be notified.

13. Audit and Review

The Assets, Inclusion and Development committee will receive the results of any audits which are carried out and the Standing Orders and Policy Sub-Committee will ensure that this policy is reviewed on an annual basis.