Criticare UK Ambulance Service

Independent Service Provider

Policy Document

The Management and Use of Defibrillators v1.3

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Approved: Board of Directors

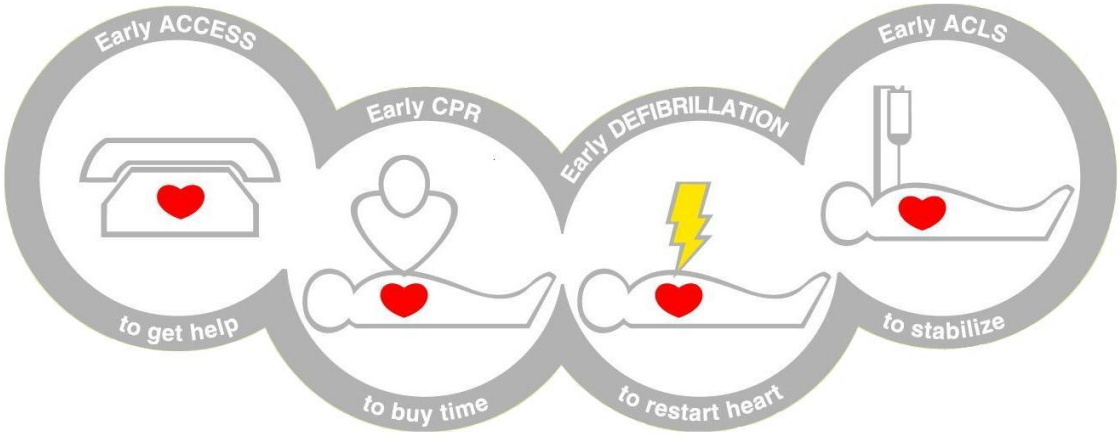
1. Introduction

'Sudden cardiac arrest is a leading cause of death in Europe, affecting about 700,000 individuals a year. Many victims of sudden cardiac 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 each 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. Criticare UK Ambulance Service recognises the importance of early defibrillation and strives to increase public awareness of AEDs through operational use and the provision of defibrillation training.



Scope and Purpose of the Policy

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

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

2. Accountability and Responsibilities

The Board of Directors has overall accountability for the Policy and the management of defibrillators within the Company

Operational Managers and Supervisors are responsible for operational and logistical control of defibrillators within the Company.

Clinical Team Leaders will oversee, review and report on the use of defibrillators as necessary.

It is the duty of all staff to operate defibrillators within the parameters of their training and qualifications.

3. Acquisition and Disposal of Equipment

Whilst the most common defibrillator in use with the Company is the Laerdal FR2, there are currently a variety of other defibrillators in service.

Selection of Equipment

The smooth transition of care is of the utmost importance following the use of a defibrillator. The Company will strive to ensure that defibrillation pads and other associated consumables can be interfaced with the equipment used by the local NHS ambulance service and hospitals.

Manual Defibrillators / AEDs with Manual Override

The Company has a number of defibrillators with a manual override function. The manual override function is to be exclusively used by appropriately qualified Healthcare Professionals, who regularly operate manual defibrillators in their clinical practice.

Disposal of Defibrillators

Defibrillators that are no longer operational or cannot be repaired will be disposed of through the manufacturer.

4. Equipment Maintenance and Storage

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

All defibrillators should have the following ancillary equipment:

- Spare defibrillation pads (including paediatric pads if applicable)
- Spare battery
- Clothing shears
- Disposable razor
- Towel

5. Defibrillator Training

Staff will undergo regular update training which will include the use of the various models of defibrillator and current operating protocols.

6. Clinical Management and Use of Defibrillators

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

Paediatric Defibrillation

AEDs may be used for infants and children who are unconscious and not breathing. Defibrillators used for infants and children should be capable of delivering attenuated shocks, but it remains an acceptable standard of care if this is not possible.

Debriefing Procedure

Following the use of a defibrillator, Clinical Team Leaders will carry out a debriefing. If a member of staff requests additional counselling, all reasonable steps will be taken to facilitate this.

7. Recording and Reporting

The recording and reporting of defibrillator use is essential to allow for adequate auditing and evaluation.

Reporting the Clinical Use of a Defibrillator

In all cases a Resuscitation Council (UK) Event Report Form must be completed even if no shock has been administered. The only exception is when an operator uses a device for cardiac monitoring purposes.

When a defibrillator has been used a Clinical Team Leader must be informed as soon as possible, in order to support debriefing and documentation.

Patient identifiable data must be kept confidential at all times. Patient identifiable data will be required in order to collect data, but should not be used for reporting purposes without specific patient consent. The patient's identifiable data should only be used for the purposes for which collection was intended.

In case of a fatality, the Duty Manager must be notified immediately. A Fatal Incident Report Form must be completed and submitted within 24 hours. If the fatal outcome leads to a Coroner's Inquest, the Company will make copies of all relevant records available.

Downloading AED memory card or module

All AEDs operated under the control of the Company should have a memory card/module or some facility for recording the Electrocardiogram (ECG) and other details of an 'event', especially the time and date of when it was used on a casualty.

There should be sufficient spare cards or modules available so that the AED can be redeployed as soon as possible.

The Company will ensure that it has access to equipment that is capable of downloading information from the AED memory card or module.

For AEDs that do not have separate memory cards or modules, the data must be downloaded onto a portable memory storage device. Two hard copies of the data should be saved and cross referenced to the associated Patient Report Form. One copy will be used for auditing purposes and the other will be

labelled and stored securely, in accordance with the current Data Protection Policy.

Adverse Incident Reporting for Defibrillation

Clinical Team Leaders must ensure that all adverse incidents relating to defibrillation are formally recorded and action taken to prevent future occurrences. The reporting of adverse incidents is highly important and the Company 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 both the Board of Directors and the Medicines and HealthCare Regulatory Agency (MHRA) should be notified.

8. Audit and Review

The Board of Directors will ensure that this policy is reviewed on an annual basis and receive the results of any audits which are carried out.

Review date: February 2014