



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



**Ambulance Operations  
Procedure  
AED Location Procedures  
(Template to be amended by Scheme Coordinator)**

**National Ambulance Service (NAS)**

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## **1.0 POLICY**

- 1.1 It is the policy of the National Ambulance Service (NAS) to work in partnership with communities, workplaces and organisations to support an immediate response to life threatening emergencies

## **2.0 PURPOSE**

- 2.1 To provide a procedural template for all AED users where an AED is placed in a work based location.
- 2.2 To enable the provision of safe and effective use of an AED so as to enhance the survival of a patient who suffers Cardiac Arrest (Collapse).

## **3.0 SCOPE**

- 3.1 This Procedure applies to any AED placed in a Workplace setting

## **4.0 LEGISLATION/OTHER RELATED POLICIES**

- A. PHECC Clinical Practice Guidelines
- B. IHF Heartsafe™ Workplace
- C. Policy – NASCG007 – Community First Responder Schemes

## **5.0 GLOSSARY OF TERMS AND DEFINITIONS**

- 5.1 **CPR** – Cardio Pulmonary Resuscitation
- 5.2 **BLS** – Basic Life Support
- 5.3 **AED** – Advisory External Defibrillator
- 5.4 **CFR** – Cardiac First Responder
- 5.5 **CPG** – Clinical Practice Guidelines
- 5.6 **IWSA** - Irish Water Safety Association
- 5.7 **IHF** – Irish Heart Foundation
- 5.8 **PHECC** – Pre-Hospital Emergency Care Council

## **6.0 ROLES AND RESPONSIBILITIES**

- 6.1 The responsibility for ensuring compliance with this Procedure lies with the respective Workplace Manager and/or CFR Co-ordinator.
- 6.2 The responsibility for providing National Ambulance Service liaison lies with the designated Operations Resource Manager.

## 7.0 PROCEDURES

### 7.1 WHO CAN USE/CHECK THE AED

7.1.1 Those trained \_\_\_\_\_, see list of those currently qualified in **Appendix II**

### 7.2 AED INFORMATION

7.2.1 Make & Model: \_\_\_\_\_

7.2.2 Service agreement with: \_\_\_\_\_

7.2.3 Battery Life: \_\_\_\_\_ years Replacement Date: \_\_\_\_\_

7.2.4 Pad Life: \_\_\_\_\_ years Replacement Date: \_\_\_\_\_

### 7.3 MAINTENANCE AND CHECKS

7.3.1 Daily inspection (as per manufactures instructions)

7.3.2 Weekly inspection \_\_\_\_\_

7.3.3 Battery (Charged or charging) \_\_\_\_\_

7.3.4 Pads (Package integrity, in date) \_\_\_\_\_

7.3.5 Operational (when turned on does voice commands start?) \_\_\_\_\_

### 7.4 TRAINING

7.4.1 Training should be provided by an accredited Training Institution and should consist of the following as a minimum:

- A. Cardiac First Responder course
- B. Re-Certification sessions

7.4.2 Training Records

- A. A Copy of the training records will provided to the 'National Ambulance Service' Education and Competency Assurance Team for record purposes
- B. A second copy will kept on location in \_\_\_\_\_

## 7.5 MEDICAL OVERSIGHT

7.5.1 Medical Oversight should be provided by:

- A. Local General Practitioner
- B. Occupational Health Physician

7.5.2 Medical Oversight should consist of:

- A. Oversight of training
- B. Review of training records
- C. Post incident de-briefing

## 7.6 POST USE PROCEDURES

7.6.1 Replacements of pads (consumables)

7.6.2 Incident reports/UTSTIEN **APPENDIX VII**

7.6.3 Contact local AED co-ordinator

7.6.4 Submit records to NAS ORM and AED Co-ordinator

7.6.5 AED Data collection

## 7.7 REGISTRATION OF AED WITH NAS

7.7.1 Registration of the AED should be done by filling out the appropriate form. **APPENDIX V**.

7.7.2 Contact should be made with the local Operations Resource Manager of the National Ambulance Service (Your local HQ) **APPENDIX VI**. They will in turn advise the Ambulance Control Centre.

7.7.3 In the event of a collapse, Ambulance Control can advise a 999/112 caller that there is an AED on site.

## 7.8 WHERE CAN THE AED BE USED

7.8.1 \_\_\_\_\_

7.8.2 \_\_\_\_\_

7.8.3 \_\_\_\_\_

**7.8.4 Risk assessment for use of AED in Area of Particular hazard area (if Applicable)**

A. \_\_\_\_\_

B. \_\_\_\_\_

## **7.9 AED DEPLOYMENT (In the event of a collapse)**

### **7.9.1 Two-Person**

- A. One person (capable of CPR) should stay with the patient
- B. A second person should go to get the AED at the Reception Area
- C. They should advise the Receptionist to dial 999 and to be prepared to give the exact location of the collapse within the building.
- D. The Receptionist should seek further help where possible and advise the Duty Manager.
- E. A person should be left at reception to show the NAS staff to the location of the incident.
- F. One attempt, to secure the assistance of any visiting Doctor or other medical staff, should be made over the Public Address (PA) system, if available.

### **7.9.2 One Person**

- A. Establish if the person is responsive or unresponsive
- B. If unresponsive go to the Reception Area (Follow steps 7.9.1, B to F)
- C. If they are responsive, seek further assistance.

## **8.0 IMPLEMENTATION PLAN**

- 8.1 This Procedure will be circulated to the Scheme Co-ordinator on application
- 8.2 This Procedure will be circulated electronically to all relevant Managers, Supervisors and Staff

## **9.0 REVISION AND AUDIT**

- 9.1 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
- 9.2 The Scheme Coordinator should audit each deployment of an AED and provide feedback to Scheme members.
- 9.3 Any deviation will be followed up on as soon as practically possible so as to ensure the necessary remedial action is taken.

## 10.0 REFERENCES

None applicable

## 11.0 APPENDICES

**Appendix I** - Procedure Acknowledgement Form

**Appendix II** – List of trained/authorised AED Users

**Appendix III** – Incident Report Form

**Appendix IV** – CPG CPR Guidelines

**Appendix V** – AED Registration Form

**Appendix VI** – National Ambulance Service Contacts

**Appendix VII** – UTSTIEN Cardiac Arrest Form/Cardiac First Response Report

## APPENDIX II

### LIST OF TRAINED/AUTHORISED AED USERS

Name	Position	CFR Course

Name	Recert 1	Recert 2	Recert 3	Recert 4	Recert 5	Recert 6

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AED REGISTRATION FORM



**AED Register**  
National Ambulance Service

*Company Information*

Company Name \_\_\_\_\_  
Manager with responsibility for AED \_\_\_\_\_  
Contact person \_\_\_\_\_  
  
Company Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Company Phone Number \_\_\_\_\_  
Location of AED (1) \_\_\_\_\_

*AED Information*

Make \_\_\_\_\_  
Model \_\_\_\_\_  
Serial Number \_\_\_\_\_  
CE Mark \_\_\_\_\_  
  
Battery out of date \_\_\_\_\_  
Pads out of date \_\_\_\_\_  
Servicing Recommendation \_\_\_\_\_  
  
Service agreement with \_\_\_\_\_  
  
Updated to 2010 Guidelines Yes No If no date for update \_\_\_\_\_

*Office use:*

Received By Operations Resource Manager: Date \_\_\_\_\_  
Inputed on to Control system Date \_\_\_\_\_