



## Acquisition, Management & Use of Defibrillators Policy 2019

### ANDOVER TOWN COUNCIL

### ACQUISITION, MANAGEMENT & USE OF DEFIBRILLATORS POLICY – 2019

The Town Council's policy for the Acquisition, Management and use of Defibrillators

Reference: A guide to Automated External Defibrillators (AEDs) by Resuscitation Council (UK) and the British Heart Foundation

Criticare UK Ambulance Service

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**The General Data Protection Regulation (GDPR) standardizes data protection law across all 28 EU countries and imposes strict new rules on controlling and processing personally identifiable information (PII). It also extends the protection of personal data and data protection rights by giving control back to EU residents. GDPR replaces the 1995 EU Data Protection Directive and goes into force on May 25, 2018. It also supersedes the 1998 UK Data Protection Act.**

## GDPR PRIVACY STATEMENT

(General Data Protection Regulations)

This is a privacy statement of Andover Town Council. Our registered office address is 68b High Street, Andover, Hampshire, SP10 1NG.

*Issue date 14 March 2019*



## Acquisition, Management & Use of Defibrillators Policy 2019

### INTRODUCTION

- This is a statement to inform you of our policy about all the information we record about you. It sets out the conditions under which we may process any information that we collect from you or that you provide to us. Any information that identifies you (“Personal Information”) is used to provide you with the services you require.
- We regret that if there are one or more points below that you are not happy with us holding, we have to hold this under General Data Protection Regulations (GDPR) law.
- We take seriously the protection of your privacy and confidentiality. We understand that all visitors to our websites, customers and clients are entitled to know that their personal data will not be used for any purpose other than the lawful basis upon which it was provided for.
- We undertake to preserve the confidentiality of all information that you provide to Andover Town Council.
- Our policy complies with UK law accordingly implemented including that required by the GDPR.
- The law requires us to tell you about your rights and our obligations to you in regards to the processing and control of your personal data. We do this now by requesting that you read the information provided at [www.knowyourprivacyrights.org](http://www.knowyourprivacyrights.org).
- Except as set out in our GDPR policies (which can be found at [www.andover-tc.gov.uk](http://www.andover-tc.gov.uk)) we do not share, sell or disclose any personal data to any other organisation or third party.

### THE BASIS ON WHICH WE PROCESS INFORMATION ABOUT YOU

The law requires us to determine under which of the six defined bases, we process different categories of your personal information. If a basis on which we process your personal information is no longer relevant, your personal information will be destroyed.

If the basis changes then as required by law, we will notify you of the change and of any new basis under which your personal data is being held.

### ALLOTMENTS

Data is held on an internal Town Council database/software system and is used to send you Newsletters, Yearly Invoices, Receipts, Follow-Up letters and Terminations if necessary.

Tenancy Agreements are held for 1 year after the expiry of the agreement under the GDPR guidelines (subject to change).

### EMAILS & WEBSITES



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If you contact the Town Council via email or our website, your personal data i.e. email address, will be kept for the time it takes to answer your enquiry, unless another lawful reason becomes apparent, which we will notify you of, after which time it will be destroyed.

For details of our full Privacy Policy, please refer to [www.andover-tc.gov.uk](http://www.andover-tc.gov.uk). Alternatively, you may write to us at Andover Town Council, 68b High Street, Andover, Hampshire, SP10 1NG and we will send you a hard copy.

### 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



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### 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 ambulance 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



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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 ambulance 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](http://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.

### 6. Accountability and Responsibilities

The Town Council will consider applications from outside bodies to enter 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.

The Policy and Resources Committee will oversee, review and report on the use of defibrillators as necessary to full Council.

It is the duty of all staff and Councillors to operate defibrillators within the parameters of the manufacturer's instructions.



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### 7. Acquisition and Disposal of Equipment

#### Acquisition

The Town Council will purchase defibrillators on behalf of applicants.

The application will request matched funding from the Town Council. The AED will be passed to the applicant and the applicant must then insure and register the AED with the relevant ambulance services.

The AED is no longer the responsibility of the Town Council once handed to the applicant.

The 2 existing AEDs acquired directly for the Town Council will remain the responsibility of the Town Council.

#### Disposal

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

### 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 applied for 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 operated and managed by the Town Council to allow for adequate auditing and evaluation.

### 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.



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### 13. Audit and Review

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

### 14. Document Information

Title:	Defibrillator Policy
Status:	2 <sup>nd</sup> Draft
Version:	14 March 2019
Consultation:	Policy & Resources Committee
Approved by:	Council
Approval Date:	14 March 2019
Review Frequency:	Every three years or if change occurs
Next Review:	March 2022

### 15. Document Control

Date	Version	Description	Sections Affected	Approved by
Nov 2016	1	1 <sup>st</sup> Draft	All	Policy & Resources Committee
Mar 2019	2	2 <sup>nd</sup> Draft	All	Council

*Disclaimer:*

*A printed version may not be the current version.*

*A current version may be obtained in the required format from the Town Clerk's Office at Andover Town Council.*