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

National Ambulance Service (NAS)
Table of Contents:

1.0 Policy ........................................ 3

2.0 Purpose ....................................... 3

3.0 Scope .......................................... 3

4.0 Legislation/other related policies ............. 3

5.0 Glossary of Terms and Definitions .......... 3

6.0 Roles and Responsibilities .................... 3

7.0 Procedure .................................... 4

8.0 Implementation Plan .......................... 6

9.0 Revision and Audit ............................ 6

10.0 References ................................... 7

11.0 Appendices .................................. 7
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Postion</th>
<th>CFR Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Recert 1</th>
<th>Recert 2</th>
<th>Recert 3</th>
<th>Recert 4</th>
<th>Recert 5</th>
<th>Recert 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX V

### 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**

---

*Created: NAS  
QA Version 3  
Date: January 2012*