

Claxby Village Hall Management Committee Defibrillator Policy

Introduction

Sudden cardiac arrest (SCA) is a leading cause of death in Europe. It affects around 60,000 individuals a year in the U.K. Many victims of SCA can survive if action is taken immediately while ventricular fibrillation (VF) is still present. 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 being the single most important determinant of survival.

The chances of successful defibrillation decline at the rate of 7-10% with every minute of delay. Basic life support (CPR) will help to maintain a shock able rhythm until defibrillation is available but it is not a definitive treatment. Less than 10% of individuals with SCA survive outside hospital.

Automated External Defibrillators (AEDs) are a safe effective and prompt way of providing early defibrillation – a key link in the “Chain of survival”. Acting to help someone with SCA will greatly improve their chances of survival.

Scope and purpose of this policy

The purpose of this policy is to provide the Village Hall Management Committee with the protocols for acquisition, maintenance, and record keeping of the defibrillator sited at the village hall.

Objectives

To ensure safe, prompt and effective operation of the defibrillator
To ensure accurate record keeping and effective auditing
To ensure continuity of accountability and responsibility

Acquisition

The Parish Council is responsible for purchasing/leasing any defibrillator and equipment and for insuring the unit. Also for covering any quarterly and annual inspection/maintenance costs, replacement of equipment and disposal of any unit no longer viable.

It is essential that defibrillators are stored, maintained and used in accordance with manufacturers instructions.

Record keeping and auditing

A named “guardian” should be appointed to carry out weekly and monthly checks on the defibrillator and any associated equipment (as detailed in the Health & Safety check file, located in the village hall.) Any adverse findings should be reported to the Parish Council for appropriate action. Accurate and accessible records should be kept of these checks and any action(s) taken.

It is also the responsibility of the “guardian” to check the defibrillator after use and to liaise with the Parish Council in order for them to arrange any necessary replacement equipment.

All adverse incidents should be reported to the Parish Council, recorded and action taken to prevent future occurrences. The reporting of adverse incidents is highly important and a “no blame” culture should be adopted.

If an adverse incident is as a result of a malfunction, the defibrillator **must** be immediately withdrawn from service and the Parish Council notified so that appropriate action can be taken. The emergency services must be informed of the withdrawal and also when a functional defibrillator is reinstated.

Quarterly and annual inspections of the defibrillator and equipment will be carried out in accordance with the Parish Councils' agreed inspection/maintenance contract with West Lindsey District Council and appropriate records kept.

CPR/Defibrillator training

It is the responsibility of the Responsible Organisation (the organisation that purchased/leased the defibrillator i.e. the Parish Council) to ensure that any training deemed to be necessary is made available. This training, if necessary, should be relevant to the model of defibrillator provided, regularly updated and records kept.

Use of defibrillators

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

Legal issues

In English Law it is highly unlikely that a potential rescuer would be held liable. It would have to be shown that any intervention had left the victim in a worse situation than if there had been no intervention. In the circumstance of this policy (i.e. someone who is technically dead following a cardiac arrest) it is extremely unlikely that this would arise.

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