St Francis Church of England Voluntary Aided Primary School

Love: for God, each other, our learning, and the world.

Automated External Defibrillator (AED) Policy

Policy drawn up by Administrator
(drawing on "Automated external defibrillators (AEDs) A guide for schools June 2017)
Date October 2017
Ratified by Governing Body

Version No	Date	Change/Review
V1.0	October 2017	Policy prepared and ratified
V1.1	October 2019	Reviewed and amended: ratified
V1.2	November 2022	Reviewed (no change) & ratified
V1.3	27/06/24	Reviewed and amended & ratified

Policy Document Version Control Log

Policy: AED Defibrillator Policy		
Version	**Date**	**Description of changes and person/organisation responsible**
V1.3	27/06/24	No changes made.

Purpose

The aim of this policy is to provide guidance in the management and administration of our school defibrillator.

This policy will be reviewed every two years by the Governing body of St Francis School.

Background

Sudden Cardiac Arrest (SCA) occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart's rhythm called ventricular fibrillation (VF). This erratic rhythm causes the heart to stop pumping blood, leading to sudden death.

Oxygen will not be able to reach the brain and other vital organs. When a cardiac arrest occurs, the individual will lose consciousness and their breathing will become abnormal or stop. If basic life support is not provided immediately, the chances of survival are greatly reduced.

Cardiac arrest can happen at any age and at any time. Possible causes include: • heart and circulatory disease (such as a heart attack or cardiomyopathy) • loss of blood • trauma (such as a blow to the area directly over the heart) • electrocution • sudden arrhythmic death syndrome (SADS; often caused by a genetic defect).

When a cardiac arrest occurs, CPR can help to circulate oxygen to the body's vital organs. This will help prevent further deterioration so that defibrillation can be administered.

The most effective treatment for this is the administration of an electrical current to the heart shortly after the onset of VF by a defibrillator.

The AED should only be applied to victims who are unconscious - without pulse, signs of circulation and normal breathing. The AED analyses the heart rhythm and advises the operator if a 'shockable rhythm' is detected. If it is, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

The AED Equipment

The AED will analyse the individual's heart rhythm and apply a shock to restart it, or advise that CPR should be continued. Voice and/or visual prompts will guide the rescuer through the entire process from when the device is first switched on or opened. These include positioning and attaching the pads, when to start or restart CPR and whether or not a shock is advised.

Recipients

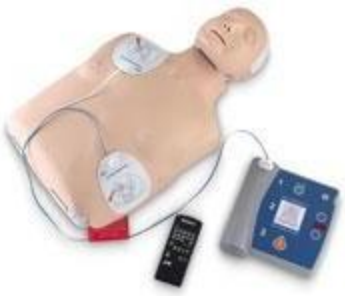
The St Francis AED will be available to anyone in the school: pupils, staff, visitors and volunteers who may experience VF.

For children aged 1–8, it is recommended that AEDs be used in paediatric mode or with paediatric pads. However, adult pads may be used if paediatric pads are not available. The St Francis AED machine is equipped with pads appropriate for both adults and children, and there is a sliding button to set the machine to either over 18 or paediatric.

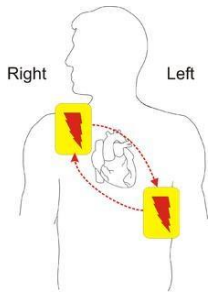
Rescuers should not hesitate to use an AED on a pregnant woman in cardiac arrest, as resuscitation of the pregnant mother is the only way to keep her unborn child alive. Early defibrillation can therefore help provide the best chances of survival for both the unborn child and the mother. When calling 999, it is advisable to notify the operator that the casualty is pregnant as this may determine which response crew/vehicle is required (DfE).

Placement of pads:

For an Adult



For a child



pads are similarly place but left is a little higher under the armpit

Management of the AED

The AED Coordinator in school is Gabby Clark.

The Coordinator will:

- Select staff for AED training and ensure training is received
- Ensure the AED is maintained
- Ensure the AED location sign is clearly displayed (green and white)
- Display an instruction sheet/technical information for the AED
- ~~Carry out tests of the effectiveness of the AED procedure (see below) annually~~ First Aid training, which normally happens annually, procedure for AED will be checked.
- Maintain documentation for these tests
- Lead post-event reviews with staff involved to improve the efficiency of the procedure
- Alert trained staff should the AED be removed from service for a period of time

- Ensure that all maintenance of the AED is carried out in accordance with the equipment specification and operating instructions
- Ensure that following the use of the AED it is cleaned/disinfected
- Ensure that the post event review summary is sent to the Headteacher and Governors
- Provide post event debriefing/counselling when necessary to participants in an AED event
- Follow up an AED event as most AEDs store data, which can subsequently be used to assist with ongoing patient care. Contact the local ambulance service after an AED has been used and make arrangements for the data to be downloaded. (The AED may still be used if required, but care should be takennot to turn it on and off unnecessarily as this could potentially erase the data)
- Ensure that the local ambulance service is informed of the make, model and location of the AED, and any access arrangements, in order to assist 999operators and ambulance crews (DfE)

Maintenance of the AED

- The AED will be maintained in a state of readiness at all times
- The AED Coordinator will perform a monthly check to ensure the equipment is fully functional

The AED can perform a self-diagnostic which includes a battery check and evaluation of internal components.

If the blue dot is not showing on the device, staff should seek advice from the AED Coordinator.

Should the wrench icon appear, the AED needs a service, but if needed, the device can be used. If the message 'call service' appears, the device is not useable.

Use of the AED

The AED may be used by any adult in an emergency, from within school or from the community. However, during school hours trained first aiders are available.

Out of hours, other organisations using the school facilities such as Funrise and Slimming world would also have access to the device.

AED trained staff are responsible for:

- Completing CPR, child CPR and AED training and updating that training every two years
- Taking immediate action in the event of an individual experiencing VF to provide basic life support (CPR) including the administration of the AED and first aid
- Ensuring that the AED is taken to all medical emergencies as well as a First Aid kit
- Completing an accident form for any situation that requires a first aid response

- Completing a first aid record together with the AED Coordinator whenever the device is used
- Understanding and complying with this Policy
- Following the AED procedure outlined here
- Following any AED event, attending a review with the AED Coordinator in order to learn from the experience
- Informing the AED Coordinator immediately if the expiration date on the device is near

The Department for Education's 'Automated external defibrillators (AEDs) A guide for schools' from October 2019 states that "It should .. be sufficient for schools to circulate the manufacturer's instructions to all staff and to provide a short general awareness briefing sessionin order to meet their statutory obligations."

Should an AED 'event' occur during hours when the St Francis office is staffed, St Francis School Office will:

- Ensure a trained member of staff attends the event immediately
- Contact the emergency services immediately
- Assign a staff member to greet the emergency services and escort them to the event location
- Assign a member of staff to keep children away from the scene
- Contact the individual's emergency contact person
- Ensure the event is documented correctly

The chain of survival

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest.

They are:
1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on CPR and using an AED.

2. Early CPR – to create an artificial circulation. Chest compressions push blood around theheart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to- mouth resuscitation, he or she may still perform compression-only CPR.

3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.

4. Early post-resuscitation care – to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and, the sooner it can be administered, the greater the chance of survival.

Where a cardiac arrest occurs as a result of an accident or act of physical violence arising out of or in connection with work, this may constitute a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reporting requirements will differ according to whether the individual suffering the cardiac arrest is an employee (e.g. a teacher or member of support staff) or a non-employee (e.g. a pupil, parent or visitor) (DfE).

Location of the AED

The St Francis AED is kept in the First Aid Room next to the Office at all times.

The AED location is subject to a risk assessment, taking into account:

- availability for timely deployment (including the likely time required to climb stairs, open doors, etc.)
- health and safety risks (e.g. slip, trip and fall hazards)
- safety and security

Resources

A guide to automated external defibrillators (AEDs); Resuscitation Council (UK)
https://www.resus.org.uk/defibrillators/

Resuscitation Guidelines 2010; Resuscitation Council (UK)
https://www.resus.org.uk/resuscitation-guidelines/

British Red Cross
http://www.redcross.org.uk

British Heart Foundation
http://www.bhf.org.uk