

STANDARD OPERATING PROCEDURE AUTOMATED EXTERNAL DEFIBRILLATOR CHECKING IN NON-INPATIENT AREAS

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Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Medical Emergencies & Resuscitation Policy and Procedure

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	Dec 2023	New SOP. Approved at Physical Health and Medical Devices Group (13 December 2023).

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1. INTRODUCTION

This document defines the process for the checking of Automated External Defibrillators (AED) provide by Humber Teaching Foundation Trust in areas without access to a full Resuscitation bag/trolley. Defibrillation is one crucial stage in a sequence of events that need to occur when resuscitating a victim of sudden cardiac arrest. Automated external defibrillators are widely available and may be used by anyone even with little or no training and in doing so a victim's chance of surviving an event can be significantly increased. The strategy therefore has been to provide an AED and associated emergency equipment to as many premises as possible in locations accessible by all staff.

2. SCOPE

This policy applies to all employees of Humber Teaching NHS Foundation Trust, contract and agency staff.

3. DUTIES AND RESPONSIBILITIES

Each area with an AED will nominate a guardian who will be responsible for ensuring the AED is checked as per this SOP and order replacement consumables as required. This may be a non-clinical member of staff. This process will be monitored through the assurance audits & yearly audit by the Resuscitation team.

Director of Nursing and Medical Director

Responsible for ensuring that this Standard Operating Procedure (SOP) is reviewed, approved, and monitored by the appropriate Trust-wide group.

Resuscitation Officer/Physical Health and Medical Devices Group

Will report, give advice and provide assurance to the board on all matters relating to any resuscitation activities undertaken within the Trust, as well as conducting an audit of trust wide resuscitation equipment and compliance with this SOP on a yearly basis.

Team Leaders/Clinical Leads

Will ensure this SOP is monitored within all areas within their sphere of responsibility to ensure compliance by monitoring checklists.

All Staff

Including support services and non-clinical areas should familiarise themselves with the location of the nearest device and this standard operating procedure and adhere to the recommended actions.

4. PROCEDURES

4.1. Weekly Checks

All staff members are responsible for inspecting and recording the weekly check of the AED.

The weekly check of the AED **does not** require the cabinet seal to be broken.

The Weekly check will consist of:

- When stored within a cabinet the tamper seal on the cabinet remains intact and the number corresponds with the counterpart on the card within the cabinet.



- The status indicator (OK) on the automated external defibrillator indicates an operational machine via the clear window in the front of the cabinet.
- The battery level of the machine is at least 2 bars.



4.2. Monthly Checks

On the last day of every month the cabinet should be opened, and the contents inspected for signs of damage. The contents and expiry dates should be inspected and items within one month of their expiry date should be identified and a replacement ordered. If an item has expired or is damaged it should be replaced with new in date stock. The inspection tag should be updated and signed by the person checking (see appendix 1). The counterpart to the seal should be placed on the Inspection tag as shown in appendix 1.

On completion of this the cabinet should be resealed with a new seal.

4.3. What to do in the event a problem is identified upon checking the AED.

If a problem is identified during the AED check the issue should be rectified immediately and the cabinet resealed when the issue is resolved. Should the problem occur with the Automated External Defibrillator during office hours the resuscitation officer should be immediately informed and if required medical physics should be requested to attend to rectify the issue by contacting them on 01482 461846.

4.4. What to do if the AED is used.

If the AED has been used at an incident, it should be restocked and sealed at the earliest opportunity, ideally within four hours. Replacement stock should be obtained from the resuscitation officer during normal office hours. Out of hours a supply of stock will be held at Miranda House and the Humber Centre reception for 24/7 access out of office hours. If this stock is accessed staff should still request replacements via the resuscitation department clearly stating the location from which the consumables were obtained. If the defibrillator has been used, the data will be downloaded by the Resuscitation Officer for review. A Datix **must** also be completed.

5. REFERENCES

Medical Emergencies and Resuscitation Policy and Procedure 2021 [Resuscitation Policy.pdf \(humber.nhs.uk\)](#)

Resuscitation council UK [Home | Resuscitation Council UK](#)

Appendix 1: Inspection Tag Example

NT810710

+ Check general condition of the unit
+ Check pads/electrodes and battery are in date
+ Check no warning lights are on or flashing

Date	By	Pads within date Y/N	Battery within date Y/N	Warning lights on / flashing Y/N
1/9/23	JS	Y	Y	N

Security Seal counterpart

Example

Appendix 2: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Automated External Defibrillator Checking in Non-Inpatient Areas
2. EIA Reviewer (name, job title, base and contact details): John Sands. Resuscitation Officer
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Standard Operating Procedure.

Main Aims of the Document, Process or Service Describes procedure for monitoring & checking Trust AED's.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	This policy is applicable across all ages
Disability	Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (Including cancer, HIV, multiple sclerosis)	Low	This policy is applicable regardless of disability
Sex	Men/Male Women/Female	Low	This policy is not influenced by gender
Marriage/Civil Partnership		Low	This policy is applicable to all regardless of marital status
Pregnancy/Maternity		Low	Due to physiological changes during pregnancy NEWS2 is not recommended
Race	Colour Nationality Ethnic/national origins	Low	This policy is not influenced by race or ethnicity
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Personal beliefs and preferences around medical interventions should be considered as part of holistic assessment.
Sexual Orientation	Lesbian Gay men Bisexual	Low	This policy equally applies to all regardless of sexual orientation

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This policy equally applies to all regardless of gender reassignment

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
4. EIA Reviewer: John Sands	
5. Date completed: 27/12/23	6. Signature: <i>J.sands</i>