Addendum to the Resuscitation Guidelines 2005

This addendum is to be read in conjunction with the chapter The use of Automated External Defibrillators and provides further guidance relating to AED use by trained lay first responders (on page 25) in the Resuscitation Guidelines 2005.

Automated external defibrillators and the role of the Clinical Adviser

Guidelines 2005 recommend that automated external defibrillators (AEDs) should be deployed within a medically-controlled system under the direction of a medical adviser. AEDs are widely deployed in the UK and have been responsible for saving hundreds of lives since their introduction in the 1990s. Most are deployed in public access defibrillation (PAD) schemes and used by volunteers under the direction of the local ambulance service. Others have been purchased by individuals or companies and are used independently.

Regardless of the circumstances of use, it is highly desirable that clinical advice is available to all who might use an AED or operate a PAD scheme. This person need not necessarily be a medical practitioner so, therefore, within the UK, the Resuscitation Council (UK) has changed the term ‘medical adviser’ to ‘clinical adviser’.

Who can be a clinical adviser?

The role of clinical adviser may be fulfilled by a person with knowledge and experience of AEDs and associated clinical audit, together with the ability to train others in their use.

The experience and expertise in NHS Ambulance Services is now such that they are the most appropriate organisations to undertake the tasks of clinical governance that accompany the appropriate deployment and use of AEDs in the community. Community defibrillation officers (CDO) are employed by NHS Ambulance Services throughout the UK and are well placed to advise on the subjects covered above.

What are the responsibilities of a clinical adviser?

The responsibilities of a clinical adviser are to:

- ensure that good liaison is maintained. This may include involvement in training, and ensuring that lines of emergency communication are established and maintained. For this reason, anyone contemplating the purchase of an AED should contact their local ambulance service at the earliest opportunity.

- advise about the purchase of AEDs and related equipment. It is often advantageous for this to be compatible with that used by local ambulance services.
• ensure the maintenance of high standards of clinical governance in PAD schemes. This applies both to the training of individuals who might use an AED and the operational use of the devices.

• advise about training and retraining. This will include the format of classes and information on training providers.

• ensure that systems are in place for maintenance and routine checking of the AED and associated equipment and that this happens regularly, as recommended by the manufacturers of the AED and agreed by the ambulance trusts.

• provide audit of both training and the use of the AEDs in order to monitor events and provide feedback to the responders. The clinical adviser should review the results of such audits and liaise with other regulatory bodies as required.

• be responsible for ensuring that structures are in place for the memory module of the AED to be analysed following every use of an AED. Although there are often reasons why this is impracticable, at a minimum it is essential that the module is downloaded and interpreted after every resuscitation attempt when a pulse is has been restored. The download should be made available to the hospital where the patient is admitted as soon as possible. It is also essential that the download is examined when there is any suspicion that the AED may have not have worked as expected.

• be responsible for ensuring that full documentation of resuscitation attempts, training, and maintenance of AEDs is maintained.

• be responsible for ensuring that suitable ‘critical incident debriefing’ is available to rescuers and that those involved know how to access it.

• ensure that reports on the use of AEDs and the outcome of resuscitation attempts are notified to the British Heart Foundation or other bodies as required by the scheme, its sponsors, and the local ambulance service.

The clinical adviser is not expected to undertake all of the tasks mentioned above personally; delegation is expected.

It is essential that clinical advisers have access to medical advice when required. For ambulance CDOs acting in this role, this would normally be provided by the Trust’s director of clinical care / medical director or their nominated deputy. Other persons acting in this role should ensure that clearly defined pathways for obtaining medical advice are agreed by the organisation responsible for the scheme.

In all cases the clinical adviser should have clear lines of accountability defined by those responsible for the schemes and these should be included in the formal job description for the post.

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