

AUTOMATED EXTERNAL DEBRILLATOR (AED) PROCEDURE



Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

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1.0 INTRODUCTION

In Northern Ireland each year, approximately 1,500 people suffer an Out of Hospital Cardiac Arrest. Less than 1 in 10 survive to see their loved ones again.

A cardiac arrest occurs when a person's heart stops pumping blood around their body and they stop breathing normally. A heart attack is not the same as a cardiac arrest. A heart attack is a problem with the "hearts plumbing", when this occurs normally the person is conscious, breathing and able to describe how they are feeling. A cardiac arrest is a problem with the "electrics" of the heart and the person will have collapsed, be unconscious and will not be breathing normally.

The Chain of Survival clearly illustrates the steps that need to be taken to provide the best possible outcome for an individual suffering a Cardiac Arrest.



After calling 999, prompt cardiopulmonary resuscitation (CPR) enables the heart to remain in a rhythm that is shockable by an Automated External Defibrillator (AED), therefore greatly improving the person's chances of survival. If CPR is **NOT** ongoing, the shockable rhythm will fade and the person's chances of survival will decrease by 10% for every minute that passes.

To provide the optimal environment for a successful outcome, CPR must be commenced and an AED used to deliver the first shock. It is important to note that defibrillation is the **third** link in the chain of survival and to maximise its effectiveness, step one and two above (that is dialing 999 and CPR) must have been also occurred. It is important that CPR continues during the time it takes to locate an AED.

1.1 DEFINITIONS

What is an AED?

An Automated External Defibrillator (AED) is a sophisticated, reliable, safe, computerised device that delivers a controlled electric shock and is used to treat victims who experience a cardiac arrest (when the heart stops pumping). An AED should only be applied to victims who are unconscious and not breathing normally. The AED will analyse the heart rhythm and advise the operator if a shock is required, CPR will help to maintain the victim's heart in a shockable rhythm

How does an AED work?

The AED has two adhesive pads (electrodes), which should be applied to the casualty's bare chest. Through the pads the AED can monitor the heart activity and deliver a shock, if required. The AED will analyse the heart's electrical activity and if it detects a pattern consistent with a cardiac arrest, will charge itself ready to deliver a shock. This enables effective treatment to be provided within the first few critical minutes following an out of hospital cardiac arrest.

2.0 PROCEDURE AIM

The aim of this procedure is to:

1. Provide information, guidance and best practice in relation to the placement, use and management of AEDs across the Council estate.
2. Outline responsibilities within Mid Ulster District Council in relation to:
 - The Purchase and placement of an AED
 - Training in CPR and the use of an AED
 - Guardianship to ensure that Council AEDs remain emergency ready

3.0 LEGISLATION

Mid Ulster District Council is cognisant of the duty to prevent and/or control the risk of accidents/incidents in the workplace. Whilst there is no explicit statutory requirement for Mid Ulster District Council to provide a defibrillator at a place of work, Mid Ulster District Council has considered the following Health and Safety at Work legislation in devising this procedure:

- Health and Safety (First-Aid) Regulations (Northern Ireland) 1982
- Health and Safety at Work (Northern Ireland) Order 1978
- The Health and Safety (First-Aid) (Amendment) Regulations (Northern Ireland) 2017

4.0 PURCHASE AND PLACEMENT OF AN AED

When deciding if an AED should be purchased and placed at a Council facility, an assessment must be undertaken to assess the need. (*Appendix 2*)

4.1 NEEDS ASSESSMENT

When undertaking a needs assessment, for the purchase and placement of an AED at a Council facility, managers should consider the number of people using the facility and the risk that a cardiac arrest might occur there. Appendix 2 provides three tables copied below to allow for this needs assessment to be uniformly undertaken across all Council facilities.

The likelihood of cardiac arrest occurring

Table 1			
Probability	Score	Probability of risk being realised	Description
Almost certain	5	76 - 100%	Risk has high likelihood of occurring despite precautions
Likely	4	51 - 75%	Risk has high likelihood of occurring
Moderate	3	26 - 50%	Risk has a moderate likelihood of occurring
Unlikely	2	11 - 25%	Risk is considered unlikely to occur
Rare	1	0 - 10%	Risk will occur in rare circumstances

The consequences (severity) of cardiac arrest occurring

Table 2		
Score	Consequences	Description
1	Negligible	Minimal or no effects if event occurs
2	Minor	Consequences very minor, no lasting effects
3	Moderate	Important consequences
4	Major	Significant impact / injury on anyone affected
5	Extreme	Death or serious injury

The response necessary

Table 3	
Rating Score	Action
1 - 4*	Broadly acceptable - No action required
5-9	Moderate - reduce risks if reasonably practicable
10 – 15	High Risk - priority action to be undertaken
16-25	Unacceptable -action must be taken IMMEDIATELY

For example, it is considered that there may be a higher risk of cardiac arrest occurring in a Council Leisure Centre and so it is reasonably practicable to provide an AED at this Facility.

The risk of a member of the public having a cardiac arrest at any given facility should be reasonably balanced against the cost of purchase, installation, and maintenance of the AED, together with the initial and ongoing training of Council employees to use the device.

4.2 THE DECISION TO PROVIDE AN AED

Should a decision be taken to provide an AED, at a Council facility responsibility must also be taken for the following:

- a) All Council AED's must be registered
- b) The AED must be maintained as "emergency ready", and sufficient supplies including a paper towel, tough-cut scissors, face shield/mask, disposable razor and disposable gloves provided with it.
- c) The AED must be fit for the purpose intended, for example if it is to be housed outside or used in a designated "wet area", i.e. a swimming pool, the manufacturer/distributor must confirm that the device is suitable for these locations.
- d) The AED must be easily accessible, secured and clear appropriate signage provided.
- e) Adequate records including maintenance and weekly checklists must be completed. (*Appendix 3*).

4.3 STORAGE AND ACCESSIBILITY

The AED should be situated in a central location within each designated facility/location and should be accessible at all times. Ideally the AED should be placed no more than 2 minutes brisk walk away from where it is most likely to be needed.

The AED should be stored in its carry case at all times and it should include the 'rescue ready kit' – disposable face shield/mask, tuff cut scissors, razor, latex free gloves and disposable towel/absorbent cloth and a disposal bag (for safe post use disposal). Supplier contact details are provided at Appendix 5.

4.4 SIGNAGE

Signage indicating the availability and location of an AED should be clearly displayed throughout Council facilities so that employees are aware of the location, how to access and how to raise the alarm in the event of an accident or serious illness. (*Appendix 6*)

4.5 REGISTRATION

It is in the interest of the public and for public organisations to know the locations of Public access Defibrillators as awareness of locations is beneficial in an emergency. Whilst there are currently tens of thousands of defibrillators in public and private locations across the UK they are used in less than 4% of cardiac arrests.

The British Heart Foundation website "*The Circuit*" <https://www.thecircuit.uk/> will replace the Northern Ireland Ambulance service database to provide a national database of AED locations. '*The Circuit's*' purpose is to give cardiac arrest victims the best chance of survival by linking a

national network of defibrillators to every Ambulance Service in the UK. When a member of the public calls 999 they can be directed to the nearest AED quickly.

The Corporate Health and Safety Section will provide a role of registering Council AED's to '*The Circuit*'. Once an AED is registered to '*The Circuit*', a guardian for the device(s) will then be assigned. The guardian will receive regular reminders to ensure that the AED remains emergency ready.

It is vital that once an AED has been purchased for a Council Facility, that the Corporate Health and Safety Section are immediately notified

4.6 DEPLOYMENT OF A COUNCIL AED

Where a Council AED is deployed:

- It must be returned to an “emergency ready” state as soon as practicable and returned to its original location.
- If Council employees are involved in a resuscitation event they should provide as much information as possible when communicating with ambulance personnel. It is helpful to know how long the CPR continued, time commenced and the number of AED shocks given.
- Any medical waste generated as part of the resuscitation event must be disposed of appropriately.
- Emotional support/debriefing will be made available to staff, (whether trained or not), who attempted resuscitation or may have been affected by the cardiac arrest incident.
- The incident must be reported (Appendix 4).

5.0 ROLES AND RESPONSIBILITIES

Day to day responsibility of the management of AEDs will be assigned to the relevant facility manager (or nominee) within each facility or to an equivalent staff member in any other designated facilities. They will act as the “Guardian” of the Council AED. It is important to note that this responsibility is regardless of whether the designated person is a trained user of the AED or not.

5.1 DUTIES OF THE GUARDIAN

The designated staff member should complete Appendix 3 (weekly/monthly AED check) to ensure:

- The AED is in its designated location
- The rescue ready kit is present with the AED
- The pad pack remains sealed and **in date** and the battery pack **is in date**
- The AED system status indicator is operational (flashing green light or green tick, depending on model)
- A check is undertaken so that the AED has not been tampered with or used since the previous check
- Device information is kept up to date and any changes are communicated to the Corporate Health and Safety Section
- That the status check is completed on “*The Circuit*” website to provide external assurance that the AED remains emergency ready

6.0 TRAINING

6.1 STAFF TRAINED IN THE USE OF AN AED

There is no statutory requirement for the training/retraining of potential users of AEDs. However, resuscitation skills should be updated, and refreshed regularly, particularly by those who have accepted the responsibility to respond in an emergency situation.

It is anticipated that those who have received CPR and AED training and are Council employees will make use of the available AEDs if an applicable medical emergency occurs at a Council facility.

The use of AEDs should **NOT BE RESTRICTED** to trained personnel.

6.2 MEMBERS OF THE PUBLIC REQUESTING USE OF AN AED

As all Council owned AEDs are registered they will be publically available should an Out of Hospital Cardiac Arrest occur. In this circumstance a member of the public may be directed to a Council facility by the Ambulance Service to retrieve an AED and take it to the casualty. In this eventuality it is acceptable for non-Council employees to make use of the AED. Staff present at the facility should satisfy themselves that such action is reasonable. It is **not** essential for a member of staff to go with the member of the public who has been sent to retrieve the AED. The staff member should inform the member of the public to return the AED as soon as possible, the AED use should be recorded, and the AED checked as previously stated to ensure it is returned

to the “Emergency Ready” state as soon as practicable before being made available again for use.

7.0 SUPPORT AND ADVICE

The Corporate Health and Safety Section will provide advice and guidance relating to the purchase, placement and use of AED's.

8.0 COMMUNICATION

This procedure will be communicated to all those with responsibilities, it will be available in hard copy, on the Council intranet.

9.0 REVIEW OF PROCEDURE

The Health and Safety Committee will review this procedure on a regular basis in light of any changes in statutory legislation and/or operational experience that prevents full implementation of the procedure as intended.

APPENDIX 1- LIST OF COUNCIL PREMISES WITH A COUNCIL OWNED AED

	Council Premise	Address	Internal storage	External storage	Location	Make & Model
1	Cookstown Council Offices Cookstown Depot	78 Burn Road, BT80 8DT	√		In the main building- Reception	Philips Heart Start hS1
2	Dungannon Council Offices Dungannon Leisure Centre	15 Circular Road, BT71 6DT	√		Dungannon Leisure Centre- Reception	Philips Heart Start HS1
3	Magherafelt Council Offices	50 Ballyronan Road, BT45 6EN	√		At Reception	Samaritan PAD 360P
4	Magherafelt Recycling Centre	50 Ballyronan Road, BT45 6EN	√		In the recycling centre- Office	Philips Heart Start HS1
5	Ranfurly House & Visitor Centre Hill of the O'Neill Events Space Market Square Events Space	26 Market Square BT70 1AB	√		Ranfurly House – Reception	Zoll AED+
6	Burnavon Arts & Cultural Centre	Burn Road, BT80 8DN	√		At the Box Office (Reception)	Heart start HS1
7	Seamus Heaney HomePlace	45 Main Street, BT45 8HT		√	Wall Mounted- Exterior of Building	ZOLL AED+ Adult only
8	Gortalowry House	94 Church Street, BT80 8HX		√	Wall Mounted- Exterior of Building	Zoll AED+
9	Moneymore Recreation Centre	Moneyhaw Road, BT45 7XJ	√		At Reception	Zoll AED+
10	Mid Ulster Sports Arena	47a Tullywiggan Road, BT80 8SG	√		At Reception	Heart Start HS1 – Adult only
11	Meadowbank Recreation Centre	Ballyronan Road, BT45 6EH	√		At Reception	Samaritan PAD 300P
12	Maghera Leisure Centre	48a Coleraine Road, BT46 5BN	√		At Reception	Samaritan - Adult only

13	Castlecaulfield Recreation Centre	Drumreaney Road, BT70 3NY		√	Wall Mounted- Exterior of Building	Samaritan PAD 360P
14	Cookstown Leisure Centre	76 Fountain Road, BT80 8QF	√		At Reception	Heart Start FR2
15	Old Clogher School	Clogher , BT760UW		√	Wall Mounted- Exterior of Building	Zoll AED+
16	Greenvale Leisure Centre Greenvale Bowling Green	Greenvale Park, BT45 6DR	√		Greenvale Leisure Centre-Reception	Samaritan - Adult only
17	Dungannon Depot & Service Building	Oaks Road, BT71 4AR	√		At Reception	Philips Heart Start HS1
18	Beechway Football Pavilion	Old Coagh road, BT80 8NJ			AED available when booked (An AED is supplied from MUSA)	Philips Heart Start HS1
19	Fairhill Football Pavilion Fairhill Bowling Green	Fairhill Road, BT80 8AG		√	Wall Mounted- Exterior of Football Pavilion	Zoll AED+
20	Drumcoo Bowling Pavilion Drumcoo Football Pavilion	Oaks Road, BT71 4AS		√	Wall Mounted- Exterior of Football Pavilion	Philips Heart Start HS1
21	Dungannon Park Reception, Sports Changing and Fishing Lodge	Moy Road, BT71 6BT		√	Wall Mounted- Exterior of Main building	Zoll AED+
22	Knockmany Forest Visitor Centre	Knockmany Road Augher		√	Wall Mounted- Exterior of Main building	Zoll AED+
23	OM Dark Sky Park and Observatory	Davagh Road Cookstown		√	Wall Mounted- Exterior of Main building	Zoll AED+
24	Bantry Lough	Bantry Road Benburb	√		Interior	Zoll AED+
25	Ballyronan Marina Ballyronan Caravan Park	135A Shore Road, BT45 6JA		√	Wall Mounted- Exterior of Marina Centre Building	Zoll AED+
26	Tobermore Driving Range	Maghera Road BT45 5QB	√		Reception	Samaritan - Adult only

PCSP Funded- Maintained by MUDC

27	Ulster Bank	39 Market Square, Dungannon BT70 1JJ		√	Wall Mounted- Exterior of Building	Defibtech- DDU -100
28	Time bar	40-42 James Street, Cookstown BT80 8LT		√	Wall Mounted- Exterior of Building	Defibtech- DDU -100
29	Tesco	Ballyronan Road, Magherafelt BT45 6BP		√	Wall Mounted- Exterior of Building	Samaritan
30	Specsavers	6-10 Market Street, Magherafelt BT45 6ED		√	Mounted to fixture	Zoll AED+
31	The Ryandale, The Moy	16-18 The Square, The Moy BT71 7SG		√	Mounted to fixture	Zoll AED+

APPENDIX 2 – NEEDS ASSESSMENT GUIDANCE

How to assess the need for an AED

The assessment of first aid needs will employ the widely used methods used to assess the risk of any adverse event occurring. The key procedure is the calculation of a numerical score based on two variables:

1. The likelihood of an event occurring.
2. The consequences or severity if the event actually occurred.

Each of these variables should be given a score from 1 - 5 and the product of the two scores used to provide a total score on which to base decisions.

1. The likelihood of cardiac arrest occurring

The risk of an arrest occurring varies according to several factors, each of which should be considered when assigning the score.

- The number of people passing through the site/footfall. In most cases, the larger the number present, the greater the risk.
- The age of those present (The incidence of cardiac arrest is higher with increasing age).
- The nature of the location. (Some places are at higher risk than others. Experience has shown that where large numbers of the public are present in busy places for example transport hubs (airports and railway stations etc.) cardiac arrests are more likely to occur. In others places, the nature of the work undertaken (i.e. the use of toxic chemicals) may be relevant to deciding on the need to invest in an AED.)

To help attach a numerical value to the likelihood of cardiac arrest occurring, the descriptions in the following table may be used.

Table 1			
Probability	Score	Probability of risk being realised	Description
Almost certain	5	76 - 100%	Risk has high likelihood of occurring despite precautions
Likely	4	51 - 75%	Risk has high likelihood of occurring
Moderate	3	26 - 50%	Risk has a moderate likelihood of occurring
Unlikely	2	11 - 25%	Risk is considered unlikely to occur
Rare	1	0 - 10%	Risk will occur in rare circumstances

In the case of cardiac arrest the likelihood of the event occurring in most public places and workplaces will be low with a score of 1 or 2. Examples might include a small shop, garage or workshop. Some higher risk sites such as busy transport hubs or sports centres may justify a score of 3, or 4. Higher scores are unlikely outside a specialist healthcare setting.

2. The consequences (severity) of cardiac arrest occurring

In a typical risk assessment, a score of 1 - 5 will be allocated based on the consequences of the event occurring. Table 2 shows a convenient grid that might be used.

Table 2		
Score	Consequences	Description
1	Negligible	Minimal or no effects if event occurs
2	Minor	Consequences very minor, no lasting effects
3	Moderate	Important consequences
4	Major	Significant impact / injury on anyone affected
5	Extreme	Death or serious injury

Cardiac arrest is uniformly fatal (unless treated), so the score will always be 5. Even if resuscitation is successful, the impact on the individual will be significant, for example they will be in hospital for some time and probably require additional clinical interventions, so the score will remain the same at 5.

Risk rating score:

Risk = Severity (5) x Likelihood

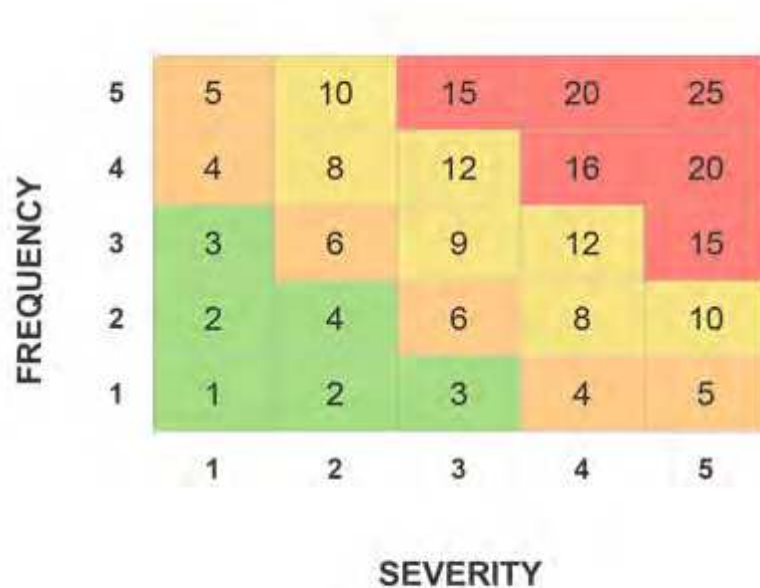
By multiplying the scores for the severity and likelihood, the risk is given a numerical value ranging from 1 (unlikely to happen and with minimal consequences even if it does occur) to 25 (highly likely to happen with disastrous consequences). Given the severe consequences of cardiac arrest in the present example the minimum score will be 5. Table 3 shows a convenient way to plan a response depending on the score calculated.

Table 3	
Rating Score	Action
1 - 4*	Broadly acceptable - No action required
5-9	Moderate - reduce risks if reasonably practicable
10 – 15	High Risk - priority action to be undertaken
16-25	Unacceptable -action must be taken IMMEDIATELY

* This score will not be possible in the case of cardiac arrest because of the severe consequences necessitating a minimum score of 5.

Alternatively, the colour of the square on the grid in Figure 1 that contains the calculated risk score can be used to guide actions.

Figure 1. Risk Assessment grid



Low risk (green) – Quick, easy measures implemented immediately and further action planned for when resources permit.

Moderate risk (orange) – Actions implemented as soon as possible, but no later than the next financial year.

High risk (yellow) – Actions implemented as soon as possible and no later than six months.

Extreme risk (red) – Requires urgent action. Senior management to be made aware and immediate corrective action to be implemented. The majority of locations with a low footfall will score below 10, but busy transport hubs would score at least 15, possibly 20.

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- [illegible]



AED SYSTEM CHECKLIST (Monthly)

- Check and replace any used, damaged or expired supplies and accessories.
- Order new battery or defibrillation pads one month prior to expiration dates.

[illegible]

APPENDIX 4- INCIDENT REPORT FORM & POST USE INCIDENT FORM



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- Type:
- ☐ General Accident
 - ☒ Incident (no injury)
 - ☐ Road Traffic Accident
 - ☐ Disease
 - ☐ Work-Related Illness
 - ☐ Dangerous Occurrence

Incident Date:

Incident Time:

Name of person(s) involved

Description (What Happened):

Council Location/Facility:

Section:

Incident Address And/or Location Incl P'code

CONFIRM YOUR DETAILS:

Name

Job Title

Date Reported:

Time Reported:

WITNESS STATEMENT

Name:

Gender: ☐ Male ☐ Female

Address:

Age:

Postcode:

Mobile:

Job Title:

INITIAL ACTIONS TAKEN

What initial action have you taken to prevent a future reoccurrence?

Privacy Notice

Mid Ulster District Council (the Data Controller) is collecting your personal data for the legal basis of recording and investigating accidents and / or incidents required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 (RIDDOR).

Where personal data is being obtained from a child (under the age of 16) following an accident and / or incident, the relevant manager will make all reasonable efforts to inform whoever holds parental responsibility for the child about the incident and that personal information pertaining to the child has been recorded.

AED POST USE RECORD

Attach this to the online incident record on Harriet.



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AED location			
Location of incident			
Date of incident			
Time of incident			
Casualty name (if known)			
Age	Adult	Paediatric	
Gender	Male	Female	
CPR prior to defibrillation	Attempted	Not Attempted	
Cardiac arrest	Not witnessed:		
	Witnessed by bystanders:		
	Witnessed by AED responder:		
Estimated time from arrest to CPR			
AED indicated shock		AED indicated no shock	
Estimated time from arrest to 1st shock			
Number of shocks delivered			
Additional comments			
Casualty outcome at incident location (<i>tick as appropriate</i>)	Return of spontaneous breathing		
	Return of spontaneous breathing and then cessation of spontaneous breathing		
	Never achieved return of spontaneous breathing		
Name of AED Responder			
Name of Emergency Health Care provider (if known) e.g. doctor, paramedic			
Post use record completed by			
Date completed		Time	
Date attached to Harriet			

APPENDIX 5- SUPPLIER CONTACT DETAILS

For replacement batteries, pads & ancillary equipment

Name	Address	Telephone
Vivomed	2 Brannish Road Downpatrick BT30 6LL	028 44617666
Cardiac Services	6 Wildflower Way Boucher Road Belfast BT12 6TA	028 90669000
HeartSine Technologies	203 Airport Road West Belfast BT3 9ED	028 90939400
The Cormac Trust	61 Main Street Dungannon BT71 7LG	028 37547721
The Defib Shop	Excalibur House 630 Liverpool Road Manchester M44 5AD	016 17767422
Cardiac Services Limited	Falcon House 10 Falcon Road Belfast BT12 6RD	028 90669000
Scott Medical	8 Saintfield Park Lisburn BT27 5BG	028 92665482
Medi- Link	81 Sydenham Road Belfast BT3 9DJ	028 90582999

APPENDIX 6- AED SIGNAGE





AED's Location within DEA's



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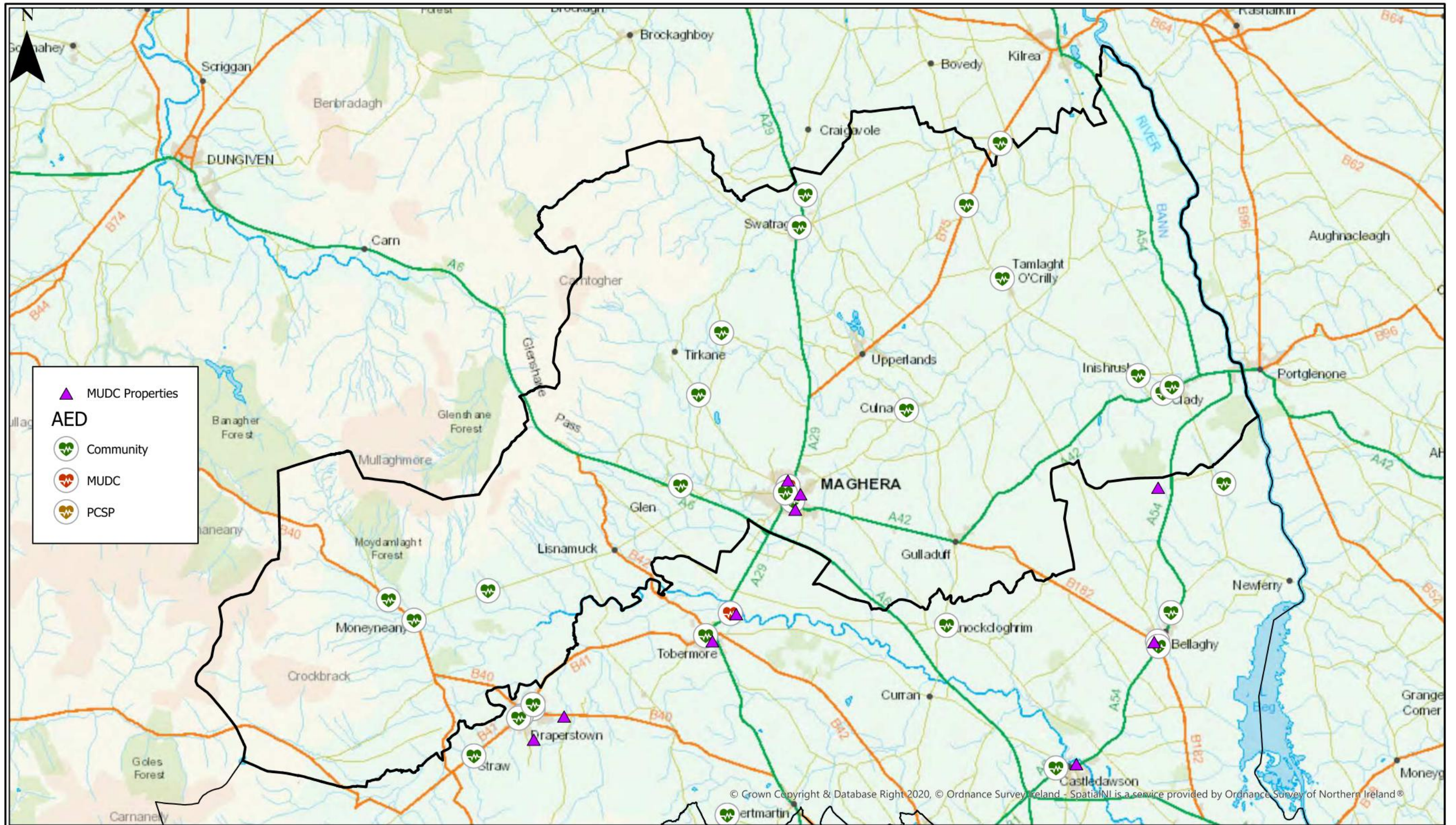
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AED's Within Carntogher



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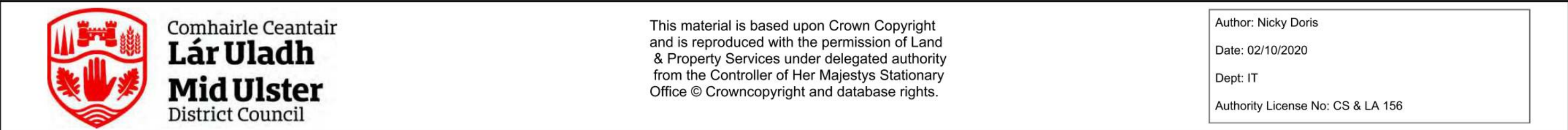
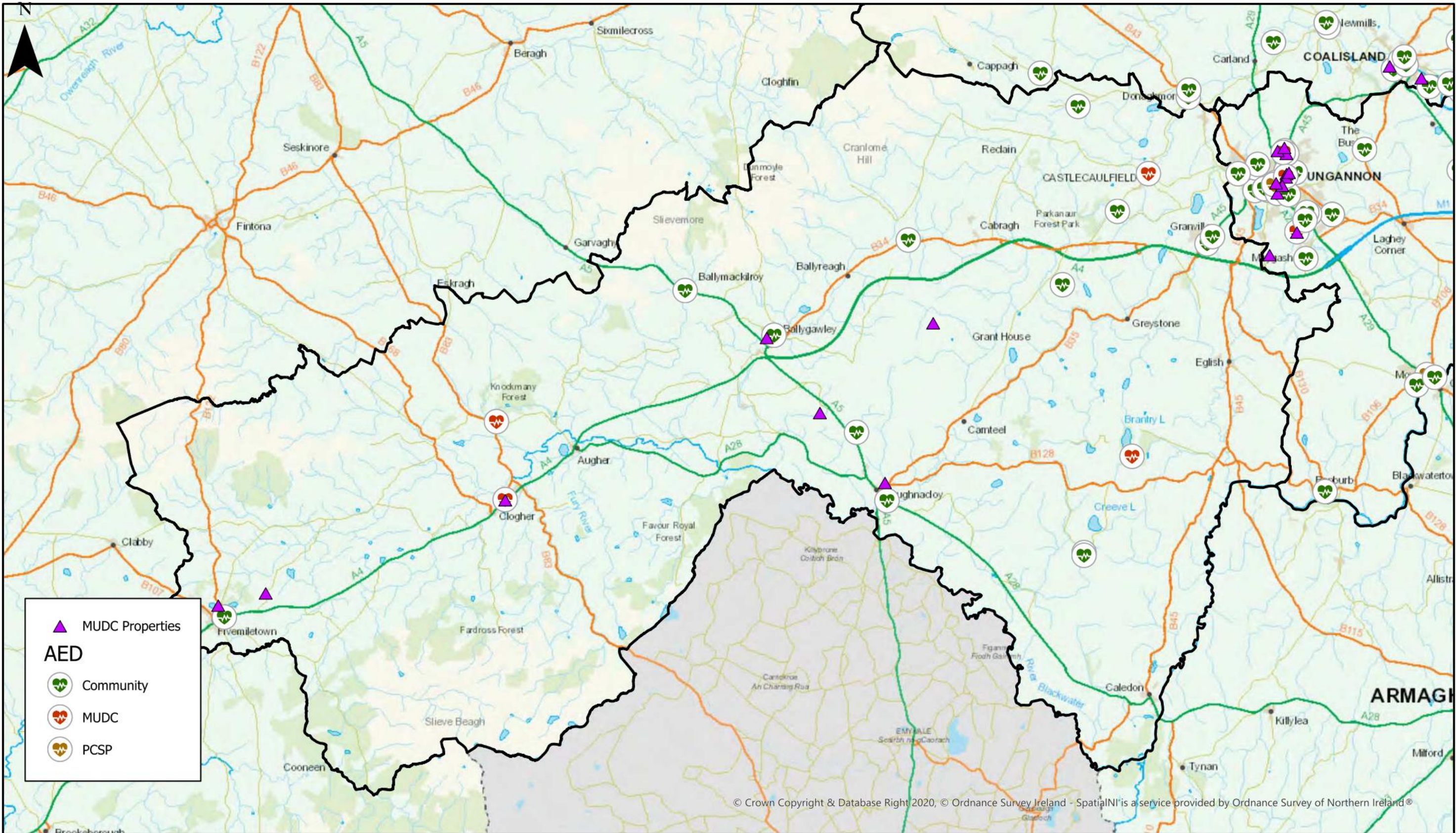
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AED's Within Clogher Valley



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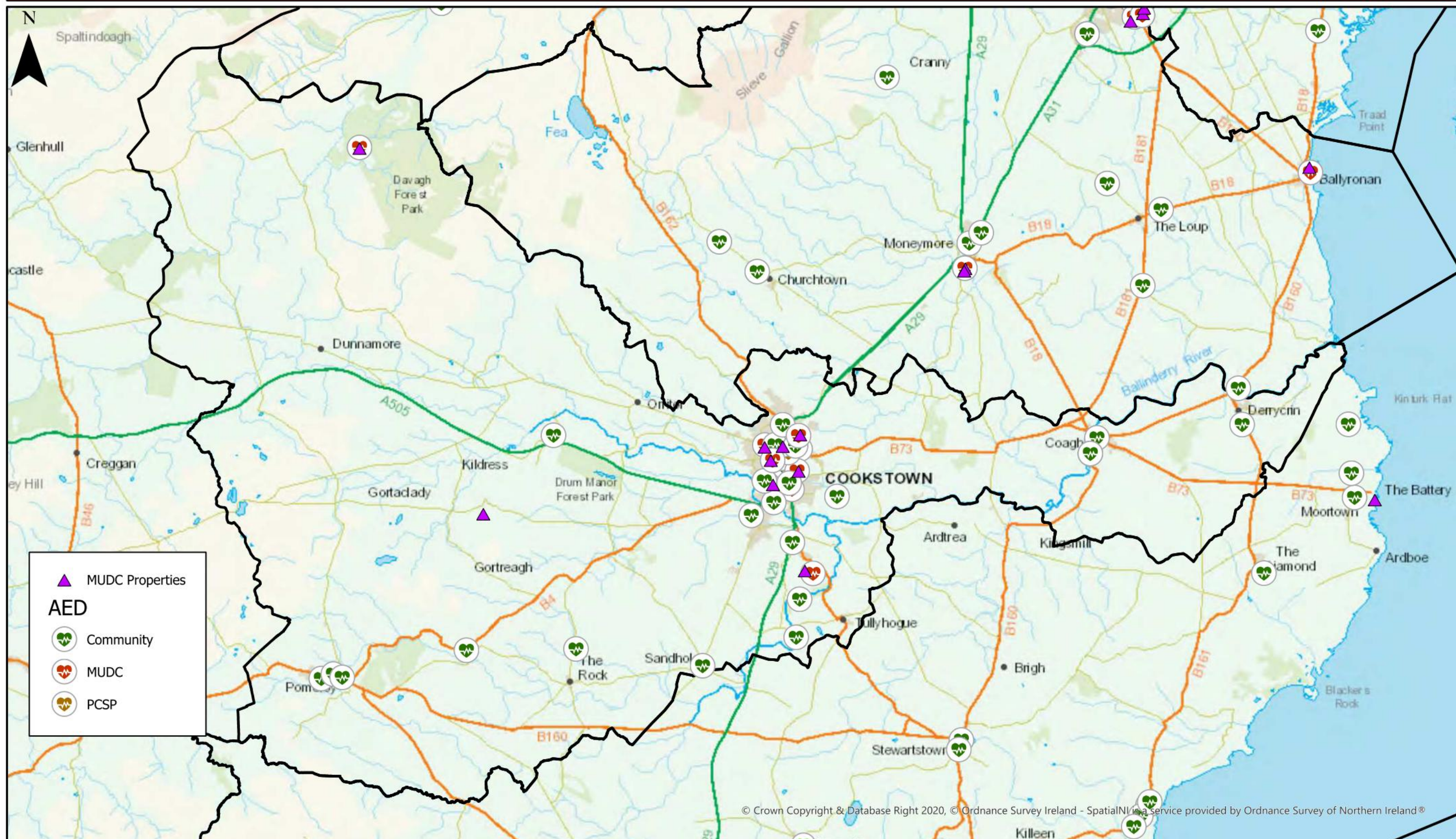
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AED's Within Cookstown



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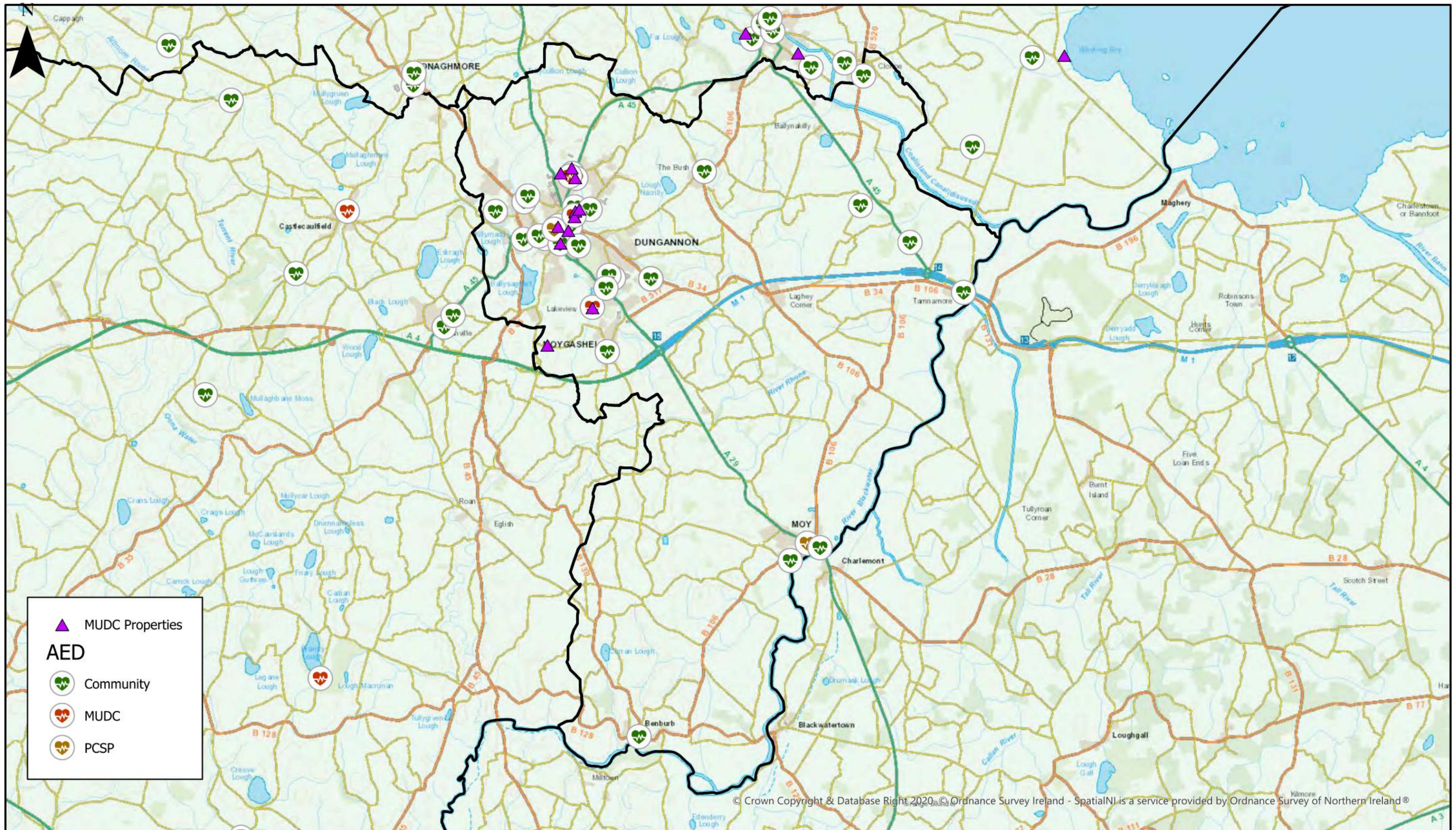
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AED's Within Dungannon



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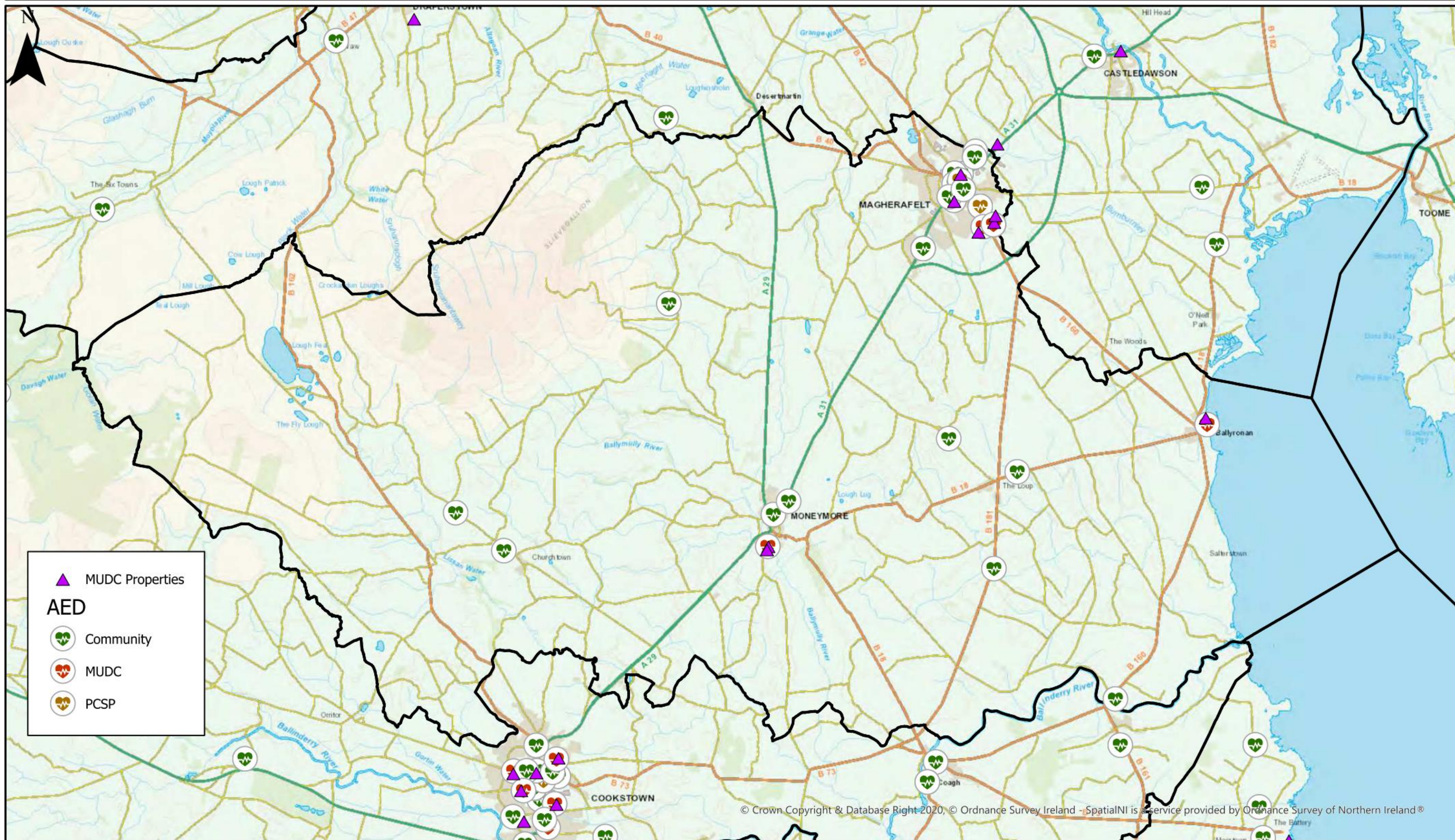
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AED's Within Magherafelt



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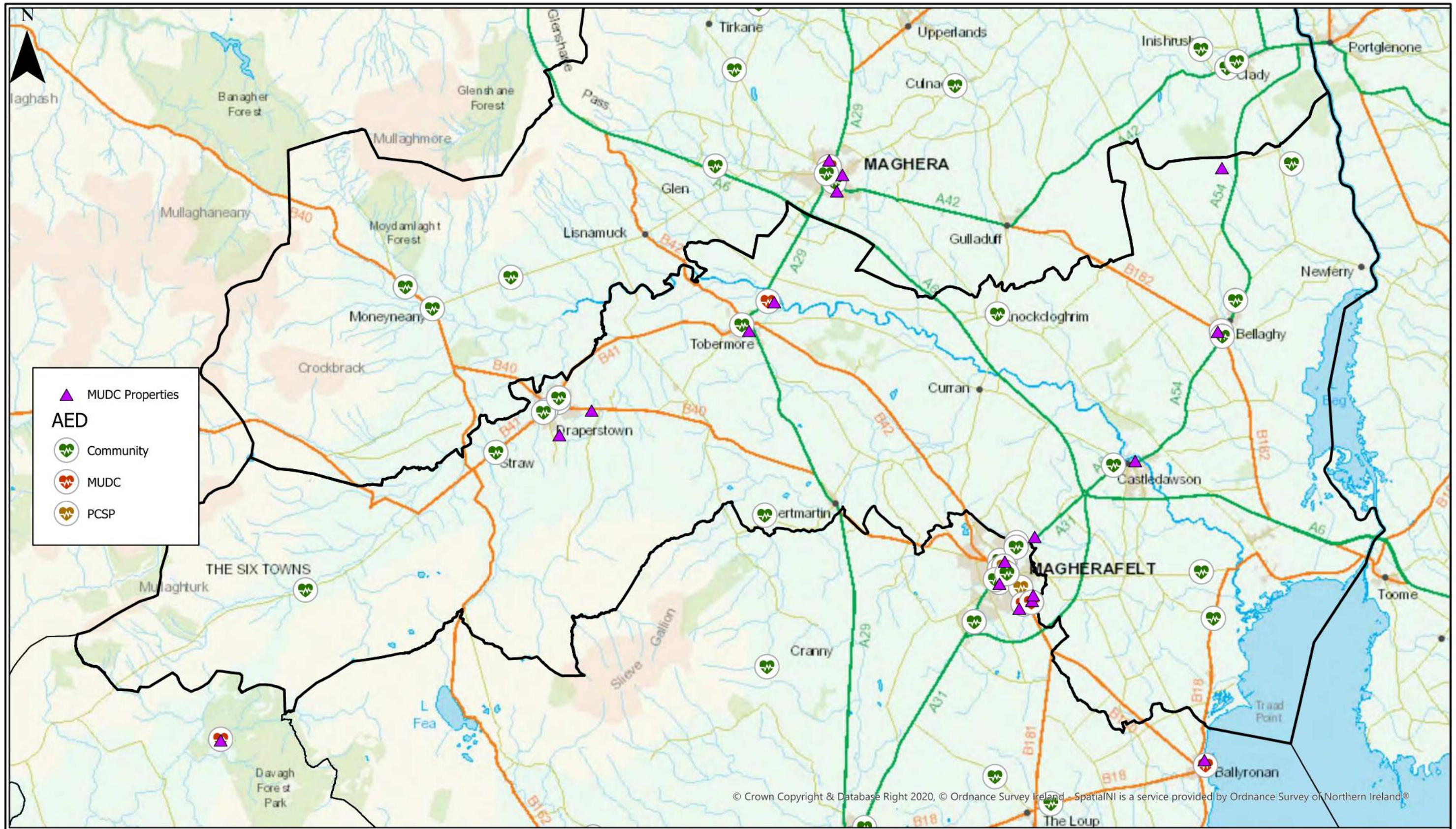
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AED's Within Moyola



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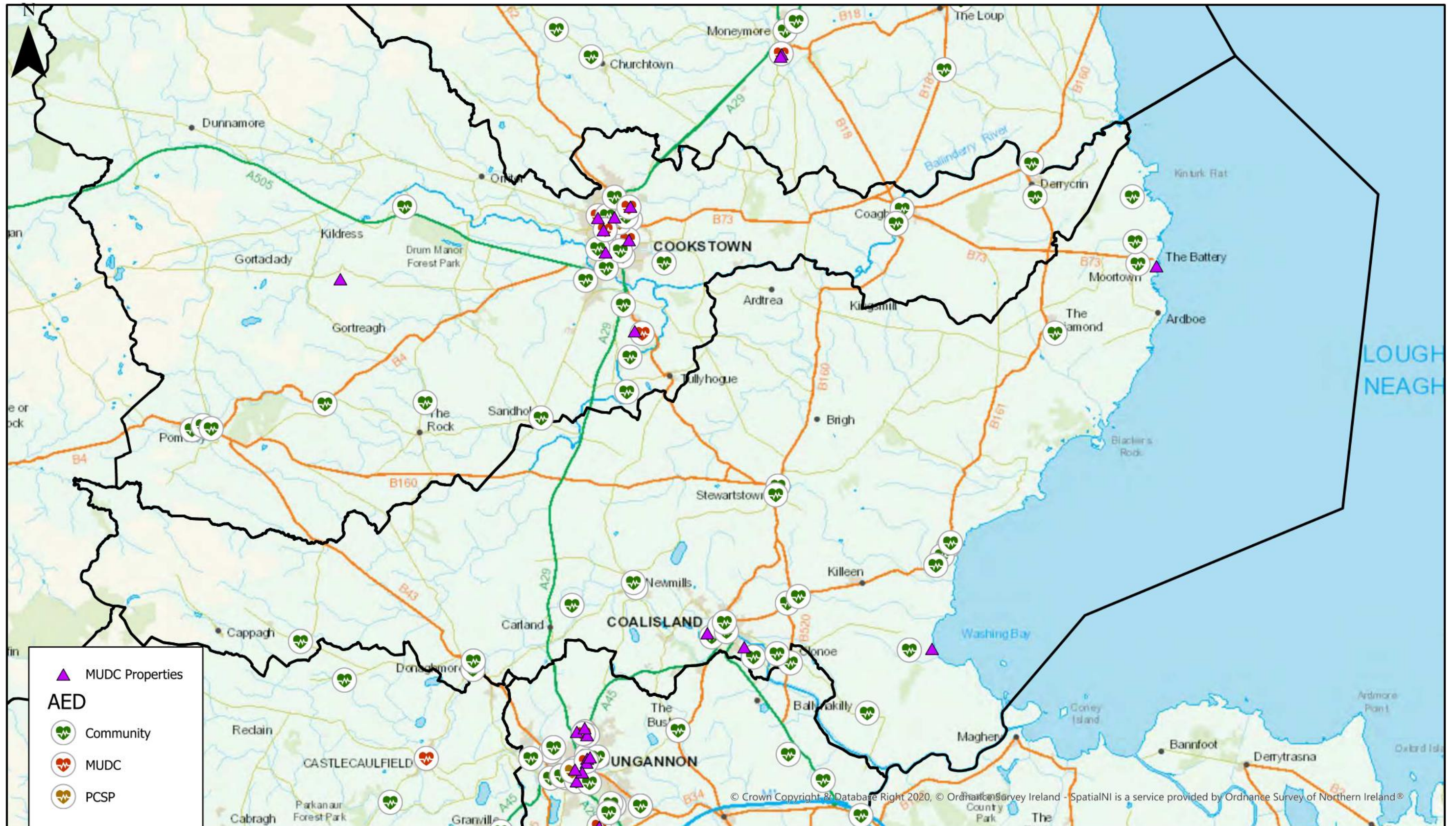
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Date: 02/10/2020

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Comhairle Ceantair
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