

# Community Defibrillation Best Practice



Since we started this series of 17 articles on best practice in the placement of defibrillators, the numbers of such placements has doubled in the UK. This is both good and bad news. Good because a defibrillator, when used as part of a series of events can save a great many lives. Bad because there are many poorly undertaken projects; or projects that have time expired; projects that are unmaintained; or projects that were done to 'tick a box' rather than be used as a planned and resilient life saving programme. Many sites remain unregistered with the local ambulance service, and one ambulance service is refusing to register sites unless unlocked cabinets are used, resulting in investments by communities that actually come to nothing. This series of articles over the past 2 years has given great insights as to how to undertake a well planned, well executed and resilient project.

An Automated External Defibrillator (AED) is a powerful medical device and if used correctly as part of a system of integrated events, can save a great many lives and every community should have access to one. The reason for this is that the condition called **Cardiac Arrest** is very time dependent – typically you have a 5-6 minute window to start treatment (chest compressions) with the body degrading by **20% per minute**. Without this immediacy of action, the use of a defibrillator will not save many lives. The prevalence has also shown flaws in the 999 call system. In an emergency call 999 AMBULANCE – do not expect the BT emergency operator to know of any local defibrillator. Also you are not always guaranteed to be placed through to your local ambulance control room, and thus the ambulance operator may not know you have a defibrillator. Alternatively you may be further away from the defibrillator than the local ambulance control are able to activate. Eg in the South West, this radius for activation is only 200m, or the length of a football field. Where there is only one person with the patient, again you will not be sent to fetch the defibrillator. This is where the **VETS** systems really comes into its fore – Lone rescuer; out of activation radius; transferred 999 calls. It also impacts on HOW you undertake your project – should a cabinet be locked or not; right defibrillator to meet the needs; etc. Do not rush into these projects but take your time and look at the consequences of the action and the need. Buying cheap defibrillators may also not be suitable as they may not be fully compliant to newer legislation, and may lack features. Do it right – not do it cheap. And don't forget Governance.



Correct ILCOR defibrillator signage used internationally and recognisable by all. A defibrillator 'stops' the vibrating heart, it does not 'restart' it.

The placement of a defibrillator is as much about training and resilience as it is with the actual purchase of the defibrillator unit. You have both a liability and a duty of care to the community to ensure the equipment is both usable, and there is knowledge in the community on how and when to use. NO defibrillator should be placed without a plan for the community on training in CPR and processes, and every project should be backed up with the correct policies and processes to ensure all legal aspects are addressed. Adverts from retailers may often suggest benefits in equipment that are unrealistic, or may actually be wrong. Do your own due diligence to assure yourself you are doing the right thing, and doing the thing right. Understand where the defibrillator is to be used and by whom. Anyone has access and so you have a liability and duty to ensure that all sectors of society have access and ability to use. Be aware of disability legislation, particularly in positioning.

Charities like **Community Heartbeat** are here to help you and will advise you in line with local ambulance policies as well as the correct equipment to use, and provide Governance.

