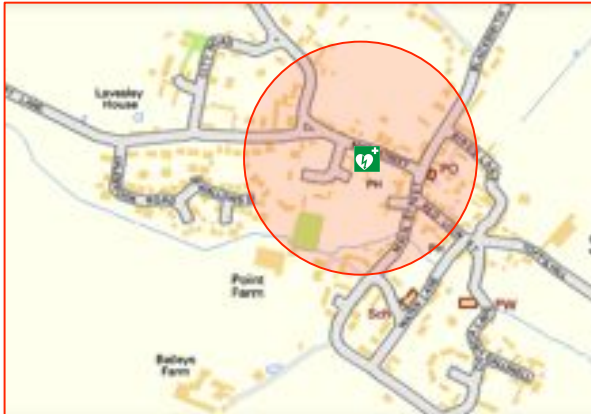


# Community Defibrillation

## Accessing a community defibrillator



Communities have been investing in a community defibrillator to help increase the chance of survival of their residents following Sudden Cardiac Arrest (SCA). SCA can result from many causes, including heart attacks, choking, arrhythmias, illness, and accidents. It affects all ages, but thankfully very rare in the under 8 y/o. However how many devices are needed to give good coverage of your community? Most ambulance services have an 'Activation Radius' applied to community defibrillators which determines whether or not people are sent to collect and deploy their defibrillator, and services are also covered by the ambulance quality indicators, which may affect their usage.



An 'Activation Radius' of 200m is not uncommon, but may not cover the village, or address outlying areas such as farms.

When a 999 call is made, the ambulance service control room will triage (assess) the situation and if appropriate, and more than one person present, request the community defibrillator be collected. In most services, they will tell you the location of the nearest defibrillator, and give you the access code if appropriate (not all public defibrillators are in locked cabinets). If you are a lone rescuer with the patient, most services will not ask you to collect the defibrillator, but advise you to stay with the patient and undertake *Chest Compressions* to keep the patient alive. However in addition to the numbers of people present, the 'Activation Radius' which is the distance the ambulance service determines is practical and reasonable to send a member of the public to fetch the defibrillator and still remain safe, varies from service to service. How then do you address the activation radius, plus the lone rescuer situation? Do you need more devices, or alternative solutions, such as a village response team, or both?

Ambulance services are also covered by the *Ambulance Quality Indicators*. This is the mechanism for monitoring performance. To comply with the 2016 AQI guidance set by the NHS, the ambulance service cannot record a community defibrillator as counting to the 8 minute RED1 call target unless the defibrillator is on scene, and the operator has confirmed that the person present is willing to use it if required. RED1 calls are heart problems. Under the AQI2016, they can also count the RED2 calls (stroke, other life threatening) as meeting an 8 minute response if similarly the defibrillator is on scene and the person attending confirms by positive agreement they are willing to use if required. These AQI may change for 2017. By attending both RED1 and RED2 calls, this may result in your community defibrillator being deployed quite frequently. Once a defibrillator has been deployed, either during a RED1 call on a patient, or a RED2 call to have available 'just in case', it will need recommissioning before the ambulance service can allocate this to another 999 call. Either the scheme caretaker, or CHT, will be contacted by the local ambulance control, to be asked to check, and recommission if required, and return the defibrillator to a ready status. This is reported via the CHT WebNos Governance system in order that a complete record of all activity is maintained for governance reasons. Once this is undertaken the ambulance service will confirm that the defibrillator is 'green' on their command (CAD) system and available for use again.

Some ambulance services instruct their attending crew to take the community defibrillator away and sometimes they will return this in a recommissioned state, usually within 24 hrs, but not always. Please make sure your local community contact details are actually on your defibrillator unit. Note that the ambulance service may not always tell you a defibrillator has been activated, and thus your equipment may be out of commission for a period of time, if not regularly checked.

The use of community response teams is growing in the UK. There are two types; either a 'Community First Responder' team whereby the team are ambulance service trained, go on a rota, and are available to respond to incidents within a typically 6 mile radius of where they live. These responders may not be available 24 hour, and are also subject to being available to attend. Hence there can be significant gaps in cover. The alternative method used by CHT is the 'Volunteer Emergency Telephone System' or **VETS**; using up to 10 CPR trained volunteers per community to be able to be called upon in a Cardiac Arrest emergency and attend the patient to help with CPR and to collect the defibrillator. The latter is a locally activated programme, and also finds favour in other resilience uses within the community. Both of these offer part solutions to the lone rescuer and the out of activation radius situations, and are cost effective ways of giving your community extra cover.

For unbiased information on defibrillators, VETS, or Governance, please contact the CHT.

