

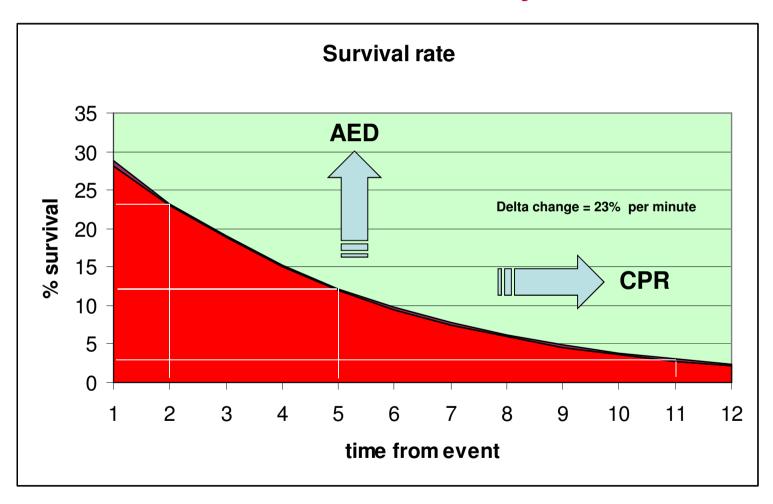


### Fabrice Muamba





## 5 minutes only



De Maio et al. (OPALS) Ann Emerg Med 2003; 42: 242



### Why invest in cPAD

- Fast to the patient
- Better outcome for patient
- Supports Community First Responder schemes and other types of EMS help
  - Works alongside
  - Most rural cPAD schemes are installed jointly with CFR schemes
- Staffordshire
  - 43% RoSC in community
  - Cf. 5% nationally
  - 2500+ defibs





### Types of location

- Village hall
- Pub
- Telephone kiosk
- Sports hall
- Restaurant
- Street side
- Council offices
- Toilet blocks
- Wall of house
- …anywhere!









# Ambulance service cPAD activation process

"FOR CATEGORY A CALLS IN THIS VICINITY **EMD'S MUST ASK THE FOLLOWING -**'IS THERE ANYBODY ELSE THERE WITH F THERE IS SOMEBODY ELSE THEN GIVE THE FOLLOWING INSTRUCTION:-'SEND SOMEBODY ELSE TO COLLECT A DEFIB (AED) FROM THE CABINET OUTSIDE EMD'S STOW PHARMACY (ADDRESS: THE SQUARE, YOU? STOW ON THE WOLD, GL54 1BQ), IN CASE WE VE THE Ha NEED IT LATER. THE ACCESS CODE IS CXXX'. DEFIB

> PHARMACY (ADDRESS: THE SQUARE, STOW ON THE WOLD, GL54 1BQ), IN CASE WE NEED IT LATER. THE ACCESS CODE IS CXXX'. " Central Beds Conference April 2014

# Case History



- June 24th 2013
- Philip
- Was playing golf on 16<sup>th</sup> fairway when he collapsed
- Partners carried out CPR
- Public access defib fetched from local garage
- Awake and talking when Air Ambulance arrived.





### Equipment choice

- A community has to have the right to choose their equipment if they are paying
- However many will seek advice:
  - From ambulance service / CHT / SADS UK / BHF / others
  - Ambulance service may wish standardisation for better support
- Equipment choice should be on best and most suitable available for the need, <u>not price</u>.
  - Typical community project = £2000+++
- CHT will not supply equipment that is not approved of by the local ambulance managers, or does not meet robustness and performance trials
  - CHT could be held liable if equipment does not perform

#### Does it tick ALL the boxes?





- ✓ Hi Visibility to make it easy to see on dark nights or in a hurry. Should also have wall mounted AED signage. Meets visually impaired rules
- ✓ AED logo meets ILCOR guidelines (Green heart and stands out from the background)
- ✓ Safety symbols on *outside* of cabinet
- ✓ Stainless steel lock recessed
- ✓ ICONs not text meets SEN, Dyslexia, ESL, needs
- ✓ Chain of life (note © Laerdal)
- ✓ Placement to meet disability rules
- Mounting to meet HSE and PLI requirements (detailed instructions, appropriate guidance)
- Heating appropriate to meet safety and overheating (not some styles give heat warning! = safety issue? 'Cook' defibrillator?)
- ✓ Must be RCD connected/protected
- Reinforced mounting points away from edges of cabinet
- ✓ Pressure equalization valve
- ✓ IP65 in *end user configuration (certified)*
- All components serial numbered
- Manufactured by ISO9002 supplier with long trading history - Supplier contact details visible
- ✓ Long term support package?



### Governance

- Right equipment supportable by the local ambulance service
- Right storage media meeting all liability and safety issues eg heated cabinets/vandal resistance/disability
- Data protection/Caldecott
- Registration of the location
- Regular checks and maintenance
- Audit trails vicarious liability; duty of care; Coroner
- Activation and then recomissioning mechanisms
- Training and awareness for the community
- Community support trauma counseling





- Next generation of community care
- Must be done 'right'
  - in co-operation with the local ambulance service
  - Meeting all agendas community, ambulance service, etc
  - Using the right equipment cost is not the issue
  - Addressing the liability issues
  - Full service package keep it easy for communities
- Proven to save lives 43% RoSC Staffordshire



