Community Defibrillation
Choosing the right equipment

The WebNos™ Governance system

There are many defibrillators on the market, and also many different storage mechanisms. Which is right for you? The placement of a community defibrillator is certainly about choosing the equipment, but also about making sure all governance aspects are also addressed, and a long term plan is in place. You need the right equipment, the right Governance, the right support, and the right attitude. Buying 'cheap' does not always mean buying 'best'.

Proceeding with a community defibrillator installation is a very beneficial project, but must be done right, with consideration for governance, to include liabilities, planning and other laws, addressing items such as disability access, and addressing regular maintenance. Just registering with the local ambulance service is not enough to address governance. These are medical devices to be used on people, and thus the project has to be done with eyes wide open, and a full realisation of the needs, not only of the community as a whole, but with adherence to various potential liabilities. Enthusiasm sometimes gets ahead of compliance; or features of the equipment overtake practicality and realism. There are for example, 41 different defibrillators you could use! Which ones are most suitable for community use? In reality all manufacturers will claim theirs is able to be used in a public place, but consider things like user disabilities, colour blindness, reduced visual and hearing handicaps, and could a non-English speaker use the defibrillator? What about storage; does this also meet the various guidelines? Is it BSI certified and is it electrically safe? Is it quality, from an ISO certified manufacturer? And importantly, does your supplier actually know what they are talking about! Buy from recognised medical suppliers.

Essential features of a defibrillator: It is important to choose equipment that is suitable for the tasks being asked of it. Different defibrillators have different specifications and features, some of which might not be required, or others that, in practice, offer no tangible benefits for the untrained lay user. All makes of defibrillator will deliver a shock in an emergency *if required*. Generally however the correct make of defibrillator to choose is the one that keeps the rescue simple as possible for untrained members of the public; ie. Gives clear *audio* and *visual* instructions; is easy to use and comes with long term support; is cost effective to buy and to run; and does not have extra features that offer either negligible real benefit or otherwise might be misunderstood or misused in the stressful situation by untrained people. Ideally choose one *specifically designed* for use by *community* rescuers, and also gives CPR protocols for *bystander* CPR. Cardiac Arrest in an under 8 years old occurs very infrequently, so for a village community, the chance of a cardiac arrest in a child under 8 in a primary school is about once every 60 to 100 years. In defibrillator terms, a 12 year old is not a child and is treated as an adult, and therefore paediatric electrodes or switches are not normally required, and may be disadvantageous in some circumstances. The Community Heartbeat Trust classifies defibrillators as to their suitability for community/untrained user situations, and will advise objectively on the best solution. Buying 'cheap' is not always buying 'best' - your communities deserve the 'best'.

Cabinet choice: In 2009 there were only three types of defibrillator cabinet available, and only one that was IP65. In 2015, this has blossomed with many suppliers all vying for the business. A defibrillator cabinet is there to protect the medical device and make sure it is stored in line with manufacturers recommendations, as well as offer some form of protection against water, insects and dust/dirt. Therefore the minimum standard logically should be IP65 in the *end user* configuration. They should be easily seen, even in the dark, hence ideally yellow or other bright colour, and not red, blue, stripey or other which may reduce their recognition or cause confusion with fire, police and general utilities. They must carry either the ILCOR or RC(UK) AED signage – not colourful variations on these. And if heated, they must comply with BS7671 for electrical safety, ideally being made by an ISO certified company. Do the cabinets have thermal testing? Can they hold the heat? Do they have locks? If so are these mechanical and stainless steel, or electronic, and if the latter have you thought about power cuts? Not all cabinets are suitable for all situations, and your choice should be mitigated by the need. The ShockBox logo signifies quality.

When implementing an AED programme, community and programme leaders should consider factors such as development of a team with responsibility for monitoring, maintaining the devices, training and retraining individuals who are likely to use the AED, and identification of a group of volunteer individuals who are committed to using the AED for victims of cardiac arrest. Funds must be allocated on a permanent basis to maintain the programme.

European Resuscitation Guidelines 2015 Resuscitation 95 (October 2015) 8–99

Governance: The ERC, UK Department of Health, MHRA, and your local ambulance service, and quite often funding bodies, will insist on some form of governance programme being in place. CQC now monitors ambulance service to ensure this. Talk to CHT about placing your solution on our system. Web based maps are not governance.

COMMUNITY HEARTBEAT
The Community HeartBeat Trust

The Community Heartbeat Trust the UK's leading community defibrillator charity

(Reg Charity No. 1152824)
For more information, or to obtain your 'Guide to Community Defibrillation' please contact the CHT at our website or call
0845 86 27739 (opt 1) www.communityheartbeat.org.uk