



# Community Defibrillation Old and New



There are now many defibrillators to choose from for placement into the public domain. However many of the cheaper variety are older devices nearing the end of their technological lives, whilst some more recent devices, have been specifically designed for community use. A modern device will be easy to use, provide maximal support to the rescuer, have features enabling good CPR to be undertaken, allow easy access to the clinical data and are cost effective over the life of the unit, typically 10-15 years. A community defibrillator is there to be used when someone is dying, is this really the time to have bought one based on price or from someone with no specialist knowledge of the subject. You have a *duty of care* to your public to do the right thing and not purchase based on cost just to 'tick the box'. Cheap is rarely best. Cost usually relates to functionality and age.

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. AEDs need to be treated with respect and with an open knowledge of the issues in owning one. The 'owner' of the equipment is responsible for the safety of the public using this equipment, and also the liabilities involved in respect to its storage. They are also responsible to ensure that all reasonable care is taken both to make potential users aware of the correct usage of the equipment, as well as any issues in regards to the storage, maintenance and safe keeping of the equipment. Defibrillator storage cabinets are as much a part of the medical equipment as the defibrillator itself, and any failure of the storage, which may affect the defibrillator itself, will be the responsibility of the owner, and not necessarily the site 'host'. Similarly, there is a duty of care by the 'owner' to any injury (physical or **mental**) to members of the public, although *clinical liability* is already covered in law, and (arguably) by the NHS third party liability insurances after a 999 ambulance call. Many ambulance services now insist on evidence of governance.

Most members of the public will not know or necessarily understand the subtleties in the differences of defibrillator equipment. CHT helps communities by undertaking a review of defibrillators, asking some 52 questions of the device in its relation to use by *untrained* members of the community. A score is applied and the top third are deemed as being very suitable for community use (group 1 devices). The bottom third (group 3), we normally do not advise for use in the community for a variety of reasons, and the middle section (group 2) are devices that due to their features are probably better used by trained users, such as Community Responders. Older devices are unlikely to be compliant with some of the new discrimination or health and safety legislations or guidance. Some miss the some basic features that are desirable in a community device and despite this, are being 'suggested' by some suppliers as suitable for community use, usually on price.

| Typical low and high web price devices      | Lifepak CR+       | Zoll AED 3            | Comments (all AEDs give a shock)   |
|---|-------------------|-----------------------|--|
| Date brought to UK market (approx.)         | 2002              | 2016                  | Modern devices are more likely to have relevant technology and features. |
| Battery/electrode life (standby)            | 2 years           | 5 years               | CR+ uses a 'charge-stick'  |
| Use on under 8 / 25Kg in base configuration | none              | yes                   |  |
| CPR assist device and feedback              | none              | yes                   | CPR assist devices can improve outcomes                                  |
| Checks for presence of viable electrodes    | no                | yes                   | Self checks should look for missing or faulty electrodes.                |
| Battery and electrodes replacement schedule | Both at same time | Replace when required | CR+ pads and battery date/expiry linked                                  |

Other CHT group 1 devices include the Cardiac Science G5 and the Lifeline VIEW defibrillators. Data taken from manufacturers data sheets or web sites. CHT recommend full due diligence before purchase to make sure the feature set is suitable for your use, and equipment has a long future service life.

**Data protection** – All defibrillators should be registered with the local ambulance service. Those registered via CHT are generally protected from data protection issues due to our registrations with the ICO and our processes. However some commercial organisations are using Freedom of Information requests (FOI) to obtain your personal data (name and telephone numbers) from the ambulance services, along with details of your defibrillator location and access codes where applicable. This is being used in many ways, including placement onto mapping programmes, as well as attempts to build independent databases that you have not agreed to. Ambulance services being public bodies have little recourse but to release this data, even if it is not theirs to own, manage or pass on, unless they can show there is a reason not to release this. We are currently working with ambulance services to prevent your personal data being released and we commit that CHT will not release data without your consent. CHT are specialists and leaders in this area, and we respect confidentiality, as well as providing accurate impartial advice on equipment and processes. We try to help you 'Do It Right'

