

GETTING STARTED

PROJECT GUIDE

PROVIDING A COMMUNITY
DEFIBRILLATOR



WORKING WITH



The **Midcounties Co-operative**

AMONG MANY

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NHS ENGLAND

"With growing public awareness and acceptance of AEDs many community defibrillators have since been provided in public locations through national lottery funding, community fundraising schemes, workplace funding or by charities. Governance of these community defibrillators is very important. Full records of the device, its installation, history of checks and use, should all be maintained. Storage must be in line with legislation and with Department of Health guidelines which state that:

"Good record keeping is essential for the safe management of medical devices. All the aspects of medical device management ... require some degree of record keeping. The records should be maintained within one system wherever possible."

"Accurate and complete copies of records in paper or electronic form are required to be made available for future inspection, review and copying e.g. for CQC, internal audits, traceability, investigations."

Ambulance services usually require governance plans to be in place, or an undertaking of regular maintenance, before they will activate a community defibrillator. In addition, all equipment should be warranted by the manufacturer and developed and produced to ISO 9001/9002 standards. Certain charities and organisations, including Community Heartbeat Trust, offer service contracts and support to community schemes.

In light of existing guidance, the number of local schemes, their links to regional ambulance services and the support available through charities such as Community Heartbeat Trust, NHS England does not intend to develop national guidance at this time. "

PROFESSOR STEPHEN POWIS

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WHO ARE CHT?

AN INTRODUCTION



GADDESBY CPAD TEAM

"CHT PROVIDED FIRST CLASS SUPPORT, INFORMATION AND ADVICE AT EVERY STAGE OF THE PROCESS AND MADE IT VERY EASY. THEY DO NOT SIMPLY PROVIDE 'OFF-THE-SHELF' SOLUTIONS. THEY LISTEN, CONSIDER THE REQUIREMENTS OF THE PARTICULAR PROJECT AND DEVISE THE OPTIMAL SOLUTION."

WE WOULD RECOMMEND ANY COMMUNITY LOOKING TO INSTALL A CPAD TO TALK TO THE TEAM AT CHT."

SARAH E MCWILLIAM

The Community Heartbeat Trust (CHT) is a charity whose aims are to help and support communities in the correct provision of defibrillators, but in sustainable, resilient and governance led manner. We invented the term "cPAD".

Defibrillators (also known as AEDs) are medical devices that help and support a rescue for a patient in Cardiac Arrest. They achieve this by applying a current of electricity across the heart to stop it, allowing it to reconfigure automatically. Defibrillators are not "Heart Re-starters" - any sign indicating this is wrong!

Death from Cardiac Arrest if untreated is about 97% of cases. With the correct and rapid treatment, survival to hospital can in theory be raised to around the 70% mark, but this assumes rapid action, good CPR (Chest compressions) and also the timely use of a defibrillator.



The heart degrades by around 20% per minute after a Cardiac Arrest, and so the faster help can be given the better the outcome. The process is known as the 'Chain of Survival'

CHT also ensures that communities obtain the correct defibrillators equipment, equipment that is designed for the task and conforms to the various legislative requirements, such as disability laws. We also review and ensure the storage cabinets meet the right requirements for the need, this means storage that will minimise condensation, is heated with the right type of heater, conforms to health and safety, as well as electrical safety requirements, and meets disability recommendations. Suitable cabinets are branded as meeting the 'ShockBox' standard.

CHT were the originators of the use of telephone kiosks for defibrillator use and now have around 1000 sites using kiosks. We are the partner organisation to BT and the only approved installer from BT (despite what some organisations claim). All kiosk installations are pre-registered onto the WebNos Governance system so BT can monitor electricity usage, and the local ambulance service is aware of the location and status.

All CHT projects are supported by DefibShield anti-theft service and also post-rescue counselling. They are also supported by a range of add-on services suitable for the location. Typically, these include the VETS service, which is a Volunteer Emergency Telephone System helping communities address the lone rescuer and spread out communities.

CHT works with Rotary International, The Club Cricket Charity, and RFU as a preferred supplier. CHT has helped some 5500 communities (March 2020) and is arguably the leading charity in this area; certainly, the only organisation focussed on resilience, sustainability and governance. Always call 999 Ambulance in an emergency.

WHAT IS A CPAD?



COMMUNITY PUBLIC ACCESS DEFIBRILLATOR

A common definition is that "cPADs are cabinets located on the outside wall of a building so that the AED inside can be accessible 24/7 to anyone in the vicinity who requires it" and this is correct in part. However, CHT coined the term cPAD which after many years has passed into common parlance and as a result, CHT envisages a cPAD to be far more than just a defibrillator in a box..

A cPAD is..

- **A Defibrillator suited to purpose i.e for untrained users**
- **A Cabinet that is from an experienced ISO rated manufacturer, IP rated, meeting BSI regulations**
- **A Comprehensive Governance Program and ongoing support to ensure the defibrillator is maintained and rescue-ready as often as possible over its lifetime**
- **Community Training**
- **Insurances addressed**
- **Policies and procedures put in place where necessary**
- **A resilient and sustainable project**

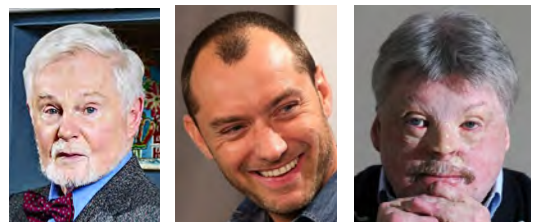
The Community Heartbeat Trust is committed to offering a high standard of community defibrillation project and is the only organization offering a fully holistic and resilient service.

Whilst it is very easy to simply buy from the internet, just like the placement of playground equipment, there are liabilities involved. The benefits of having community defibrillators are unquestioned, but these are medical devices and come under special guidance. Therefore, our aim is to bring to the attention of communities a holistic view of the issues and process, and offer simple methods of making sure the right equipment, the right processes, the right policies are all followed.

This way everyone wins. Not to address some of these areas is like ignoring the fact you need to know the highway code whilst driving. It does not stop you driving the car, but if an accident happens, it is difficult to explain why the highway code was ignored.

A community defibrillation project is not about a defibrillator and a cabinet. It is much more and should form a central part of any community resilience programme, which will include community training, emergency planning, and emergency communications. Communities also need to be clear and understand there are potential pitfalls, and CHT will always highlight these, then offer a solution to mitigate them.

But above all, it should be done with *best practice* in mind.



Some of the CHT Patrons.....
Sir Derek Jacoby, Jude Law,
Simon Weston



EQUIPMENT TYPE

WHY CHOOSE ONE OVER ANOTHER?

Whilst there are many types of defibrillator available, CHT classifies these into three groups or tiers, based upon what CHT consider to be their suitability and usage in the community, based upon a 50+ point analysis. Others may disagree. This does not reflect technical specifications, which to a non-medically trained person would mean very little.

Communities, generally, are only interested in ease of use, cost, liabilities and reliability. The ability of the equipment to deliver a 'shock' is not questioned, as all equipment will have had to meet the MHRA specifications and approval in this aspect, although technically some defibrillators offer a wider shock profile than others. Similarly, most defibrillators can be used in a community setting, depending upon circumstances, and some may be better than others for specific uses. However some equipment is not FDA certified, is more difficult to use for disabled people, or may have confusing features (in a panic) and it is worth considering the impact this may have, as will the ability of the equipment to meet the Disability and Discrimination legislation (e.g EQ 2010), robustness against damage, ease of use, and possibility for errors.

Group 1 devices - Suitable for community use in most aspects, in most rescue conditions, easily supported remotely, and in particular have features that make their use by untrained & panicking users, or special needs users, easy. They are also compliant to various disability legislation, such as the Equalities Act 2010, and other guidance; give basic rescue information on the arrival of the ambulance; have metronomes, clear visual as well as audio instructions, and are easily checked and maintained by the community. Unlikely to cause issues in a community setting.

Group 2 devices - Those that have features that make them, in our opinion, potentially less suitable for untrained-users, and are better reserved for trained-users such as community responders or have features that may give rise to issues when used by untrained users, misunderstandings by members of the public, or may need specific equipment to data download for continuity of care.

Group 3 Devices - Have features or functions that give us cause for doubt about their suitability for community/untrained users, may cause issues in untrained situations, or have been untested by CHT.

These are CHT classifications and are intended to make the selection of equipment easier for communities and to make sure of the appropriateness of the solution to a community. CHT is not beholden to any particular defibrillator manufacturer, and always seek to offer an objective and unbiased view. We advise following manufacturers guidance in the operation and maintenance of equipment.

EQUIPMENT TYPE

WHY CHOOSE ONE OVER ANOTHER?

CHT will generally offer a community a choice of equipment as it is the community that must make the choice best suited to its needs, dependent upon circumstances. The choice will come from both Group 1 and Group 2 equipment. The exception to this is where a 'Managed Solution' is taken and here CHT will make the equipment choice as we are accepting liabilities and insurances. In this case, the equipment will be Group 1.



A similar classification exists for cabinets. CHT reviews the features of all cabinets and currently only uses cabinets from reputable ISO manufacturers, or those cabinets that pass out internal tests.

We do not use those made by other manufacturers such as Turtle engineering, Defibstore, AIVIA, SADS UK and PhysioControl.

We prefer low voltage cabinets, over 240v, for safety. CHT continue to look at all potential offerings, but will only offer those meeting our minimum 'ShockBox' standards, thus being best suited for community use.

ShockBox standard cabinets carry this quality logo.



A defibrillator cabinet, in our view, is part of the medical equipment and should be viewed as such. This is a critical part of the management of the defibrillator and failure in this element could have knock-on implications. Defibrillator manufacturers specify temperature and humidity ranges, and the cabinet is there to ensure these are adhered to, thereby reducing the possibility of failure of the equipment.

Cabinets should be robust, and also take into account the locations being placed. They also need an IP65 rating to protect from not only moisture but also dirt and insects. This IP rating needs to have been issued in the 'end user configuration' and not in a lab, or a pre-production base carcass. They should also be manufactured by ISO rated companies for quality assurance reasons, and if heated, comply with the relevant BSI requirements, such as for electrical safety and markings. They can be locked or unlocked, but if locked, should be high-quality stainless steel locks, not electronic. Be aware of RF interference as this could affect the operation of a defibrillator.

We believe cabinets should be highly visible, hence traffic yellow, and not colours that may be mistaken for fire, police or non-medical. Above all, they should be designed for the purpose, not just adapted cabinets used for other purposes.

LEATHERINGHAM

"THERE ARE LOTS OF THINGS TO CONSIDER WHEN INSTALLING A COMMUNITY DEFIBRILLATOR, AND COMMUNITY HEARTBEAT TRUST (CHT) MADE THE WHOLE PROCESS OF CHOOSING, INSTALLING, MANAGING AND LEARNING HOW TO USE THE MACHINE VERY EASY. THE CHT TEAM IS INCREDIBLY KNOWLEDGEABLE AND WE'D LIKE TO SAY A HUGE THANK YOU TO VICKIE WHO HELPED US SET UP THE SCHEME AND TO MARTIN WHO DELIVERED THE TRAINING - BOTH WERE ENDLESSLY PATIENT AND GOOD HUMOURED! AS A RURAL COMMUNITY, WE FEEL MUCH HAPPIER KNOWING THAT WE HAVE A DEFIBRILLATOR ON HAND."

PARISH COUNCIL

HOW DO WE ASSESS

EQUIPMENT

Defibrillators are reviewed independently from the manufacturers, and assessments done against 50+ criteria that in our opinion are important to communities. These include:

Adult Shock (<150, 150, >150); Fixed or variable; non-Side specific electrodes; electrode regular checks; Rescue ready indicator; Metronome facility; Visual display screen, and many others.

They also include usability tests such as: Ease of upgrade in the field; designed for untrained-users; ease of use - general CPR guide visual (LED or TV); Rescue data display; Ease of use by children; Ease of use by non-English speakers, or people with disabilities, and more.

Each of these criteria is set a score and the device marked against this score, based upon the manufacturer's specification sheets. Those scoring more than 40 are grouped as being very suitable for community use, those scoring less than 20, are probably not the best devices for community/untrained users. Those between are best suited to trained users.

A similar classification is used for the cabinets. Those passing the tests are given the 'ShockBox' marque as a signal of quality, safety and suitability for community use. Put simply they are quality, ISO rated and have to meet international quality standards.

- They have been tested by CHT to be declared fit for purpose.
- Paint is UV stabilised, and will not degrade in sunlight.
- Door seals are ISO rated and have not been painted over, or otherwise compromised.
- They have low levels of condensation.
- They are electrically safe, meeting relevant BSi regulations and guidance
- If heated, the heater is appropriate for the task and will not cause overheating, thermal yo-yo'ing, dangerous 'hot spots' and other items that may cause damage to the equipment, or overheat the external wall of the cabinet.
- They do not discriminate against sectors of the public and are compliant to relevant Disability or Discrimination legislation
- They are certified as being IP56 or ideally IP65 in their end-user state. i.e they are water, dust and insect resistant in the condition they will be used (not in the factory).
- They come complete and ready to use and do not have to be self-assembled. Self-assembly means that the functionality, structure, anti-rust, and IP rating cannot be guaranteed.
- Where locked, the locks are of a high standard made from stainless steel – we avoid electronic and aluminium locks, or those designed for indoor use, due to the potential to malfunction.
- They carry instructions in ICON format and have features that allow panicking, dyslexic, or non-English speakers to open.
- They carry the international ILCOR AED symbology
- They are either highly visible Traffic Yellow, meeting highways regulations, or otherwise easily identifiable in low light conditions.
- They come with multi-year warranties against failure.
- They are backed by a support service from the manufacturer. Cabinets do fail, and as these contain medical devices, need urgent attention to rectify.
- They are designed for purpose, not just adapted from other uses, with the word "Defibrillator" printed on.

We are highly supportive of defibrillators that provide visuals, for information on studies supporting please contact us.

*All information in this guide was correct at time of writing. However, technology and standards do change over time, and therefore please check with CHT for the latest specifications and information. This guide does not form part of any contract, or similar”.



SPECIFICATIONS

TIER 1 DEFIBRILLATORS

ZOLL AED 3



- Technology to help lay rescuers perform high-quality CPR
- Pad sensor helps guide rate and depth of compressions
- Among the fastest AEDs to deliver a shock
- Clear, colourful images and audio prompts to guide persons through a rescue
- CPR Uni-padz™ Also contains the rescue kit (Gloves, Scissors etc)
- CPR Uni padz™ can defibrillate both Children and Adults at the push of a button



- Rescue Ready self check regime
- Fully automatic shock delivery
- Fast shock times
- Variable escalating energy
- real-time CPR feedback
- Clear audio prompts (Other languages available)



- Full-colour video and audio instructions to guide lay person rescuer
- Light weight and easy to carry
- Fast shock times
- Status screen gives visual feedback and maintenance help

OTHER DEVICES ARE ALSO AVAILABLE

SPECIFICATIONS

CABINETS



SENTRY™

- All weather Shockbox Sentry AED Cabinet designed in conjunction with North West Ambulance Service
- IP65 rated against water and dust ingress
- Double skinned insulation
- Pulse heater - Low cost to run
- Constructed from 2.5mm Stainless Steel
- Class 3 Electrical Device (Low Voltage 15V)
- GPS tracker and Emergency Phone modular plugins
- Locked or Unlocked (Marine Grade Stainless Steel Lock)
- Welsh, Gaelic and language variants available



ROTAID™ AED CABINETS

- Lightweight durable interior/exterior Cabinets
- Internal heater mat
- Unlocked - Tag system to indicate when cabinet opened
- Viewing window for AED checks
- Backboards available in Welsh, Gaelic and other languages
- Class 2 Electrical device (Low Voltage)
- Lock available

24 SET TO RESCUE. SHOCKBOX ROTAID™

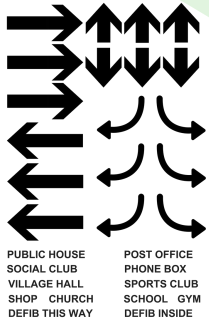
- **UK's first SMART Cabinet** - remotely monitors different models of defibrillator
- SMS Text and E-mail notifications to designated parties on defibrillator status, cabinet status, presence of defibrillator and more
- Lightweight and durable
- Class 2 Electrical device (Low Voltage)
- Includes all other features of the Rotaid cabinet above



OTHER CABINETS ARE ALSO AVAILABLE



SIGNAGE



EXTERNAL / INTERNAL

- 3D Triangle Wall Sign
- Flat Wall Sign (A4)
- Directional Sticker Sheet
- Bi-lingual versions available on request

TELEPHONE BOX

- Telephone box signage for the top of a kiosk, both KX100 (modern) and K6 (red) variants
 - Window Decals
 - Battenburg sheets for large panel modern kiosks
 - Bi-lingual variations available on request
- Bespoke signs on request



Defibrillator

cPAD sites are supplied with 1 Triangle sign, 3 flat signs and a directional sticker sheet if external. A telephone box site is supplied with 3 telephone box signs for their kiosk type, 2 flat signs, and a directional sticker sheet. Additional signage can be arranged on request.

CHT use and comply with The Health and Safety (Safety Signs and Signals) Regulations of 1996 - The regulations enacted in UK law an EU directive designed to harmonise signs across the EU in accordance with ILCOR (International Liaison Committee on Resuscitation). The ILCOR sign is the recognised international symbol for a defibrillator.

The use of the ILCOR signage was re-enforced by the European Resuscitation Council in November 2019, to avoid confusion of signage for defibrillators. For this reason, we do not use the recently proposed sign by BHF and also because a defibrillator does not **restart a heart**, it **stops it** and is therefore not compliant in that it causes confusion about what the defibrillator actually does.



SPECIFICATIONS

EMERGENCY PHONES



- Operates using special Sim Card
- Suitable for all weather applications
- The antenna can be enhanced
- Connects to all networks and seeks out best signal available 2G/3G Network enabled
- Direct power connection available from Sentry Cabinet



LANDLINE E-1600-45-A

- Landline Phone for internal sites or phoneboxes
- Automatic Noise Canceling (ANC) feature for clear audio in noisy environments
- Dimensions: 5.25" x 4.0" x 2.0" (133mm x 102mm x 51mm)
- Fits standard BT plug

LANDLINE E-1600-45A-EWP

- Landline Phone for external sites
- Enhanced Weather Protection (EWP), designed to meet IP66 Ingress Protection Rating
- Automatic Noise Canceling (ANC) feature for clear audio in noisy environments
- Dimensions: 5.25" x 4.0" x 2.0" (133mm x 102mm x 51mm)
- Fits standard BT plug



GOVERNANCE

You are implementing a project involving medical equipment which is designed to save a life if used correctly.

Most Ambulance services will insist on proof of some form of Governance to ensure that the equipment is maintained correctly; is ready for action 99.99% of the time; meets the various liability and other requirements; and will protect the end users.

DEFIBRILLATOR

Is this a make of defibrillator that can be supported remotely as to access the clinical data easily? The reason for this is to be able to download clinical data after the rescue in order to complete the duty of care.



DATA PROTECTION

In a community or office situation, your defib will hold clinical data that can be identified to the patient. What process have you in place for data protection, or to meet Caldecott protocols? How will you transfer this data to the hospital to fulfill your 'duty of care' and yet remain data compliant?



CABINET

Does your cabinet, or other storage facility, meet Health and Safety requirements? Does it meet disability requirements? Does it meet other requirements for public use? Does it carry the internationally recognised defibrillator symbology? Is the storage water and dirt resistant in its end-user state (ie in its place of use) – thus it must be IP65 and certified. Have you appropriate mechanisms to direct rescuers to the defibrillator site? Is it highly visible (ie Hi-Visibility colour and location)? Are all components serial numbered in case of a Coroner enquiry? Is it compliant to BS standards? Is it IP certified? Has it been installed by a certified electrician (CHT avoid 13A plugs)?

WI SECRETARY

"THE AFTERCARE (AND YOU WILL NEED IT!) OFFERED BY CHT IS SO SUPPORTIVE. A DEFIBRILLATOR REQUIRES REGULAR CHECKS AND MAINTENANCE EVEN IF IT HASN'T BEEN USED.

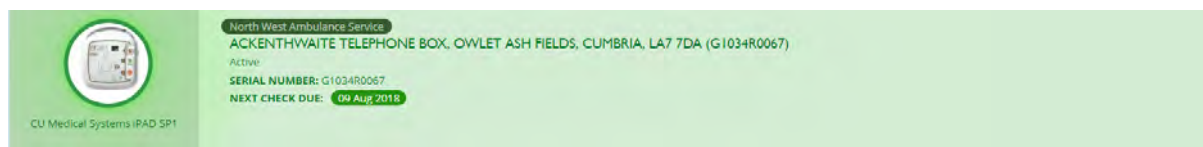
ONE OF OUR DEFIBS HAS ALREADY SAVED A LIFE. WE NOW HAVE THREE CHT DEFIBS THROUGHOUT OUR PARISH. WE ARE SUPPORTED ALL THE WAY FROM INSTALLATION TO AFTERCARE AND MAINTENANCE WITH CHT.

BECAUSE OF CHT'S SUPPORT OUR COMMUNITY IS RESCUE-READY."

ANNETTE WILLS

GOVERNANCE

REGULAR CHECKS



Have you a regular checking and management system in place that is Ambulance service agreed (eg WebNos)? Ie can the Service see the records at any time to ensure them that the defibrillator is ready for use and available in a rescue? Failure to have this in place may mean that it cannot be activated by the ambulance service.

Do you have full and comprehensive records of the defibrillator and its storage solution, where all work; maintenance; supplies and servicing is stored and available on request? This must include initial fitting of the defibrillator cabinet; records of any electrical work; safety requirements; confirmation it has been registered; and who are the staff responsible to manage the equipment, with their contact details. Can this system supply regular reports? This is stored onto the WebNos system if a CHT project.

If a locked cabinet, do the key codes match the local ambulance service requirements for standardisation? Are the locks used marine grade Stainless Steel to reduce the possibility of jamming? Is the cabinet ISO9002 manufactured? What is the activation protocol for the defibrillator? Is this recorded and process agreed with all stakeholders? Is there a mechanism in place to notify the scheme coordinators that the defib has been used? What 'downtime' has been agreed before re-commissioning? Do you have an MoU in place with the local ambulance service?

Post use, what protocols do you have in place to not only re-commission the defibrillator, but also to let all stakeholders know the defibrillator is ready for action again?

Recommissioning checklist :

- ✓ Replacement electrodes?
- ✓ Replacement ready/rescue kits?
- ✓ Returned to cabinet?
- ✓ Ambulance service notified?
- ✓ Defibrillator cleaning/sterilisation?
- ✓ Tested and operational?
- ✓ Cabinet tested to make sure it is functional?

Do you have evidence that the cabinet used has been mounted in accordance with the requirements for Health and Safety and also meeting disability legislation? ie no more than 1.3m from the ground. Are the fixing bolts strong enough so that someone can climb on, or hang from, the storage cabinet and not pull from the wall?



DID YOU KNOW THAT DEFIBRILLATORS SELF TEST EVERYDAY, BUT....

YOU STILL NEED A HUMAN BEING TO VISIT THE SITE TO ENSURE ALL TESTS HAVE PASSED AND THIS INFORMATION NEEDS TO BE COMMUNICATED AND RECORDED TO THE AMBULANCE SERVICES AND INTERESTED PARTIES ON A REGULAR BASIS!

GOVERNANCE

Notification to the ambulance services – have you registered this site and all the required information concerning this with your local ambulance service (CHT will do this automatically with partner communities)? Have you evidenced this has been registered and available for activation in an emergency? (Registration on web-based mapping programmes is NOT registering it to be available in an emergency, despite what claims are being made). What mechanism have you in place to amend the details when they change?

Have you undertaken community awareness programmes so that your community is fully aware of the defibrillator, why it has been positioned in the community, how to activate in an emergency, who is responsible for this, and how to undertake basic CPR and use the defibrillator? Evidence should be provided by the community, and a record kept, of a public awareness session/training for as many people as possible in the community.

Replacement equipment – what mechanism do you have in place to replace the equipment if a fault occurs, or if the equipment is stolen or damaged, or taken by the ambulance crews? How do you plan to get this back? Have you planned for replacement equipment in 10 years time?

Do you have a servicing contract in place? (CHT has servicing contracts available). Does this just cover the defibrillator or your entire project? What about insurance? – equipment theft and damage, and public liability

DO IT RIGHT & SAVE A LIFE



WEBNOS™ GOVERNANCE SYSTEM A FREE SERVICE

As part of maintaining the ready state of defibrillators in the community, and to ensure good governance, the ambulance services require notification of this ready state and also notification of any issues arising that may affect this ready state.

Your defibrillator has to be ready and available 99.99% of the time. Other stakeholders also need regular governance reports, such as other emergency services, funders, insurance companies and BT.

With the large increase in numbers of defibrillators in the community, the CHT has introduced a standardised, and simplified, system of governance that can be undertaken by the community coordinator, and also where the ready state can be viewed by the respective ambulance service at any time. This is called WebNos™.

WebNos is automatically available for any CHT delivered or supported defibrillator location, but also other organisations can use it as well.

All defibrillator sites can be registered across the country with the responsible person identified for the routine maintenance and management of these. By using a simple check list approach, the ready state for defibrillator can be determined along with an audit trail of checks and issues. This, therefore, simplifies the routine management of the defibrillators, and also addresses the potential vicarious liability issues. It also prepares reports for the coroner in case of a death. WebNos supersedes any basic 'checking' system in place with a variety of suppliers, and addresses the different needs of different ambulance services and stakeholders. It is a true "Governance System"



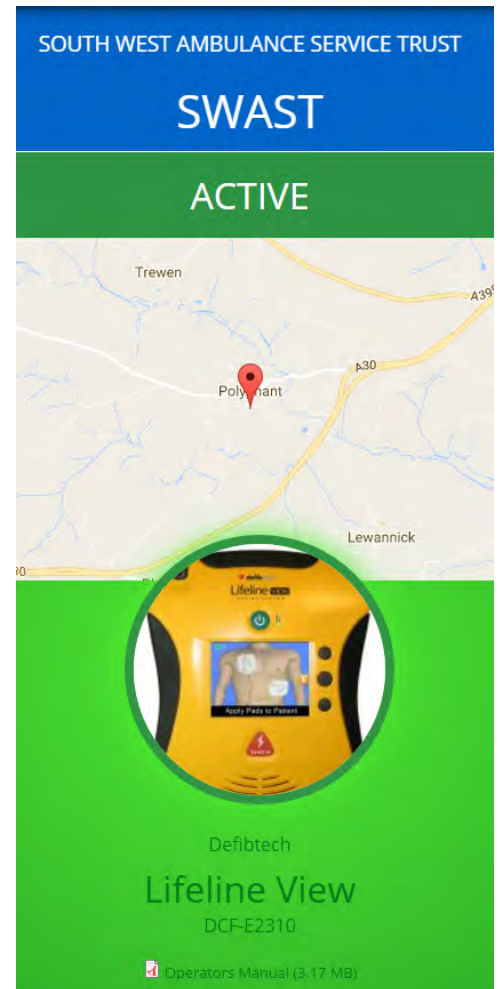
DID YOU KNOW THAT REPORTS YOU SUBMIT FOR YOUR DEFIBRILLATOR ALSO POPULATE THE NATIONAL DEFIBRILLATOR DATABASE?

VISIT WWW.NDDB.UK TO SEE WHICH DEFIBS ARE AVAILABLE IN YOUR AREA AND WHICH ARE INACTIVE.

The WebNos system is a national database of all community defibrillators along with the scheme coordinators and their respective ambulance service responder managers stored within. It also tracks all information relating to the defibrillator: key information, training records, maintenance issues, installation safety, in/out of service notifications, and investigation requests, and has a consumable re-supply feature. Users are notified when checks are required.

WebNos also tracks any telephone kiosks being used for defibrillators and makes this available to British Telecom for compliance purposes, and to track the electricity usage and granted permissions for access to the unmetered supply. It is also used for compliance by insurance companies.

This is a unique service offered by the Community Heartbeat Trust, the **specialists** in community-based defibrillation.



www.defibcheck.org

WEBNOS™

FEATURES

- Pre-notification to Ambulance Service of an upcoming install
- Initial installation records, compliance and equipment manifest
- Weekly, Monthly, Annual checks in line with DoH and MHRA recommendations
- Checks to record usage of the defibrillator, reporting out of action and back in action details.
- Reporting to the Resuscitation Council on rescue details
- Training records
- Equipment consumable resupply and/or replacements
- Statutory notifications, investigations and outcomes
- Coroner reports; ambulance service reports; stakeholder reports; insurance reports; CQC
- A full history of the equipment, its usage, changes to the configuration, battery and electrode replacement dates, and other required audit information.
- Mapping of defibrillator locations nationally
- Telephone kiosk, insurance and other special interest groups monitoring
- Shared data across all stakeholders, along with copies of policies and procedures.

WebNos is the UK's most comprehensive management tool for keeping track of all aspects of Governance for defibrillators. The system not only allows regular checks to be maintained, but also allows for a complete and holistic record of the device to be made available to the Coroner in the event of a death.



Resuscitation Council (UK) April 2015 -legal aspects of AED usage :



“The general principles of liability would suggest that if it is used or provided in a negligent fashion there may be liability. Therefore, it could be argued that it would be negligent if the village post office, for example, purchased an AED and encouraged villagers to use it without providing training. In general, there are two means by which the risk of personal liability may be minimised. The first is by good practice, and the second is by taking out adequate indemnity insurance. Good practice in this context means following the guidelines recommended by authoritative bodies such as the Resuscitation Council (UK), both in the teaching and in the practice of resuscitation techniques. Training should be up to date and recommendations about re-training and refresher courses should be followed. Equipment must be of a type recommended for the procedure for which it is used, and must be well maintained in accordance with the manufacturers’ recommendations”.

“CHT does not currently use, or recommend, the use of the Circuit database until such time the issues have been sorted, and safeguards are in place”

THE NATIONAL DEFIBRILLATOR DATABASE

MORE THAN JUST A MAP

FEATURES

- DIRECT FEED FROM LOCAL DEFIB REPORTS VIA WEBNOS™ GOVERNANCE SYSTEM



Ardgay Public Hall
Carron Place
Ardgay
Sutherland
IV243BQ



ACTIVE

- DEFIB STATUS LINKED IN WITH UK AMBULANCE SERVICES



"This is the first truly national database vehicle for defibrillators in the UK, and has been developed as a charitable service to the UK"

AVAILABLE NOW

Telephone Box
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Nottinghamshire
NG23 6SS



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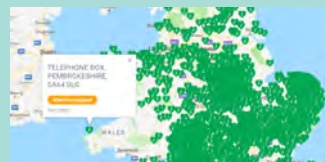
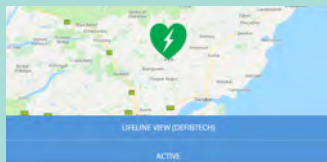


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FEATURES

UK DEPARTMENT OF HEALTH requirements for medical devices April 2014:

“Good record keeping is essential for the safe management of medical devices. All the aspects of medical device management ... require some degree of record keeping. **The records should be maintained within one system wherever possible.**” **“Accurate and complete copies of records in paper or electronic form are required to be made available for future inspection, review and copying e.g. for CQC, internal audits, traceability, investigations.”**

MHRA guide to defibrillators April 2012 :

“Up-to-date records of location, service and maintenance should be kept for all medical devices (AEDs)”

American Heart Association guidelines 2014:

“It is important to do a weekly or monthly visual inspection of the AEDs to ensure they are in working order - the program coordinator or another designated person can do the inspections. This person develops a written checklist to assess the readiness of the AEDs and supplies. A checklist supplements regularly scheduled, more detailed inspections recommended by the manufacturer.”

TIME	REPORT TYPE	SITE	REPORTED STATUS	REPORTER
11 Aug 2016	Consumables replaced	Clipperton, Shelton School, Mandenhash Lane, Wiltshire, SN14 5H (H438220)		Wickie Jackson
11 Aug 2016	Consumables replaced	Melksham Assembly Hall, Market Place, Wiltshire, SN12 8ES (781)		Wickie Jackson
11 Aug 2016	Consumables replaced	Maidenhead Rugby Football Club, Braywick Park, Braywick Road, Berkshire, SL6 1BW (H1431567)		Wickie Jackson
11 Aug 2016	Site check	Wokingford St George Village Hall, Maltesse Road, Devon, EX2 9QW (D0030078895)	Active	Loisak Kelly-Heard
11 Aug 2016	Site check	Wentley, The Blue Lion Pub, Church Road, Leicestershire, LE19 1NA (H407998)	Active	Brian Conway
11 Aug 2016	Site check	Guddeley Tel Box, Main Street, Park Hill, Leicestershire, LE7 4WG (H435951)	Active	Sarah and Paul McWilliam
11 Aug 2016	Site check	Kipporth, Engine Practical Solutions Ltd, 8 Market Square, Leicestershire, LE7N 2E8 (H435816)	Active	Lindsay Richardson
11 Aug 2016	Site check	Rugbyville Village Hall, Nunningham Road, Leicestershire, LE17A 2HJ (H129524)	Active	Lindsay Richardson
11 Aug 2016	Site check	Thrympton Telephone Box, Village Green, Leicestershire, LE7 6JH (H315000)	Active	Georgia Rutherford
11 Aug 2016	Site check	Norbourne, The Pannier, Colquhoun Avenue, Derbyshire, DE6 1E1 (H0007291)	Active	Ann Smith
11 Aug 2016	Site check	Aldbourn, The Breffing Green Public House, 2 North Avenue, Derbyshire, DE5 1GZ (H00087218)	Active	Ann Smith
11 Aug 2016	Site check	Aldbourn, Preston's Garage, Derby Road, Derbyshire, DE5 1LZ (H433805)	Active	Ann Smith
11 Aug 2016	Site check	Aldbourn, Ex Servicemen Club, 15 Market Place, Derbyshire, DE6 1EU (H109354)	Active	Ann Smith
11 Aug 2016	Site check	Aldbourn, David Neils Hardware, 12 Compton Street, Derbyshire, DE5 1DA (H435000)	Active	Ann Smith
11 Aug 2016	Defibrillator deployed	Aldbourne, David Neils Hardware, 12 Compton Street, Derbyshire, DE5 1DA (H435000)	Inactive	Ann Smith

East of England Ambulance Service
ALBURY VILLAGE HALL, PARSONAGE
 Active
SERIAL NUMBER: 400041078
NEXT CHECK DUE: 06 Oct 2016

South West Ambulance Service Trust
ALDBOURNE 2, THE CROWN PUB, T
 Active
SERIAL NUMBER: 4388722
NEXT CHECK DUE: 27 Sep 2016



The WebNos service is free to all clients of the Community Heartbeat Trust. WebNos is a service from the Community Heartbeat Trust charity and is trademarked, copyrighted and IP protected, and GDPR compliant.

AWARENESS SESSIONS

COMMUNITY TRAINING

CARDIAC ARREST RESPONSE SEMINAR (CARS)



There is no legal requirement to have defibrillator training in the UK, but it does form part of the First Aid at Work requirements from 2017. The UK Resuscitation Council guidelines indicate that community defibrillators (AEDs) should be able to be used by members of the public with or without any formal training. However, this does not mean that training is not required.

The equipment is very easy to be used, and when you have called 999, the ambulance service operator will normally stay on the telephone to assist you. The modern AED equipment is also designed to talk to you or show you, and tell you what to do. You cannot make a mistake when using an AED – just follow the instructions being given. However, training is desirable, particularly to create **confidence** in the community, **learn CPR**, and to **understand the processes**, as well as managing **best practice**, and reducing **the potential for liability**. Training in correct CPR technique is also invaluable and essential.

CHT works with the ambulance service to provide community awareness sessions or can offer an inclusive full training programme if required through its training partners. Annual retraining is advised on formally trained people.

The CHT community awareness 'CARS' programme is unique and has been recognised as being ideal for a community to create awareness of the issues surrounding treating a patient in the community. It is not a formal classroom course, but designed to answer questions, give basic instruction, be interactive and create confidence.

The first awareness session for a community is normally built into your delivery when the community uses the CHT full cPAD programme. Additional sessions may incur a small charge. Full first aid training sessions are chargeable and can be arranged through CHT. By June 2018 over 90,000 have attended these sessions.

All training records are done via the WebNos™ Governance system. Attendance Certificates can be made available by signing in at your local session.

SHIPLEY PARISH COUNCIL

I WOULD LIKE TO EXPRESS MY SINCERE THANKS FOLLOWING THE TRAINING SEMINAR CARRIED OUT BY MR IAN BEARD. IANS` PRESENTATION WAS DELIVERED PROFESSIONALLY AND WITH JUST THE RIGHT AMOUNT OF TECHNICAL INPUT WITH A SPLASH OF HUMOUR THAT KEPT EVERYONE'S` INTEREST THROUGHOUT THE EVENING.

IT WAS JUST WHAT THE PARISH RESIDENTS NEEDED TO HELP WITH AWARENESS AND CONFIDENCE SHOULD THE DEFIBRILLATOR NEED TO BE USED.

CLLR KEITH STEVENSON

TESTIMONIALS

AWARENESS SESSIONS



GREAT ALNE

OUR SESSION WAS RUN BY WENDY JOHNSON ON 27TH JANUARY,

I HAVE ATTENDED SEVERAL FIRST AID SESSIONS OVER THE YEARS AS I HAD TO REPEAT THEM EVERY TWO YEARS FOR DOE LEADERSHIP AND I HAVE TO REPORT THAT WENDY RAN THE BEST TRAINING I HAVE BEEN ON. INFORMATIVE, PRACTICAL AND AN EXCELLENT PRESENTATIONAL STYLE AND I FOR ONE APPRECIATED HER EFFORT IN TRAVELLING OVER FROM LEICESTERSHIRE TO DO THAT FOR US.

MANY THANKS..

JOHN HALE

DEAR MARTIN

ON BEHALF OF BIRDBROOK PARISH COUNCIL, I WOULD LIKE TO THANK YOU FOR PRESENTING THE DEFIBRILLATOR AWARENESS SESSION TO A LARGE NUMBER OF VILLAGERS TOGETHER WITH MOST MEMBERS OF THE PARISH COUNCIL.

SPEAKING TO MANY OF THOSE ATTENDING FOLLOWING YOUR VERY PROFESSIONAL, INFORMATIVE AND SOMETIMES EXTREMELY AMUSING PRESENTATION, THEY WERE REASSURED THAT SHOULD A SITUATION ARISE, THEN THEY WOULD BE CONFIDENT IN, IF ADVISED TO DO SO, DEPLOYING THE GS DEFIBRILLATOR.

ONE LADY, IN PARTICULAR, A NON-RESIDENT OF BIRDBROOK, BUT MOTHER OF ONE OF OUR RESIDENTS EXPLAINED TO ME THAT SHE HAD IMPAIRED HEARING AND WAS VERY WARY OF A DEFIBRILLATOR. WHEN YOU DEMONSTRATED THE USE OF THE GS SHE WAS GREATLY REASSURED AS NOT ONLY DOES IT HAVE A VOICE PROMPT BUT ALSO DISPLAYS THE INSTRUCTIONS ON A SMALL SCREEN. THESE ARE HER WORDS, NOT MINE "THANK YOU SO MUCH FOR A VERY INTERESTING AND REASSURING PRESENTATION" SHE WENT ON TO SAY THAT SHE WILL EXPLAIN EVERYTHING TO HER DAUGHTER.

OUR DEFIBRILLATOR WAS INSTALLED ON THE 19TH JULY 2017 AND FULLY OPERATIONAL BY THE 26TH OF JULY 2017. NOW THAT WE HAVE ATTENDED THE AWARENESS SESSION IT HAS CERTAINLY GIVEN OVER 30 RESIDENTS THE CONFIDENCE TO BE ABLE TO USE IT IF CALLED UPON.

ON A PERSONAL NOTE, I WOULD LIKE TO THANK YOU FOR YOUR CONSIDERABLE ADVICE AND GUIDANCE WHILE I WAS SETTING UP THE PROJECT, IT HAS BEEN GREATLY APPRECIATED.

I SHALL WIND UP BY SAYING..

A DEFIBRILLATOR IS A MARVELLOUS PIECE OF MEDICAL EQUIPMENT THAT IS..

BETTER TO HAVE AND NOT NEED IT THAN NEED IT - AND NOT HAVE IT

MY VERY BEST WISHES TO YOU AND THE COMMUNITY HEARTBEAT TEAM.

YOURS SINCERELY.

ALAN G COOK



POST RESCUE COUNSELLING

Attending a rescue and helping in an emergency is always rewarding. But what happens if you are stressed and wish to talk the rescue through with someone? Your community has a 'duty of care' for anyone helping in a rescue, and must provide access to 'post event' counselling services if required.

Community defibrillators are medical devices and there to save lives in an emergency. As these are publicly accessible then these can be used by anyone in the community or even a visitor.

A rescue can be stressful, particularly if the rescue is unsuccessful. Therefore you may need someone you can talk to about the event, or just someone to talk to, to help you wind down.

You can visit your GP, or your local Samaritans or similar organisation. CHT also has a service that is available for its member communities.



I AM VERY GRATEFUL TO CHT FOR THE HELP THEY GIVE ME WITH OUR COMMUNITY DEFIBRILLATOR PROJECT. MARTIN AND ALL THE STAFF HELPED ME EVERY STEP OF THE WAY AND REALLY PUT THEMSELVES OUT TO GET THE DEFIBRILLATOR AND CABINET ORDERED AND DELIVERED IN TIME TO HAVE A 'GRAND OPENING' TO COINCIDE WITH SWITCHING ON THE CHRISTMAS LIGHTS. THANK YOU TEAM, I COULD NOT HAVE DONE IT WITHOUT YOU.

LYNN JOLLANS

The CHT support communities through the free provision of a "debriefing" session with one of our trained counsellors. This telephone service is available to all members of the community where CHT have worked with you to establish your community defibrillator scheme, or where CHT are assisting you to cover your governance.

We provide a single telephone number to link to one of the counsellors, who will ring you back at a convenient time to talk to you. These sessions are for up to one hour and are confidential, being run by an independent group of trained trauma counsellors on behalf of CHT.

Should you require more time from the counsellor over and above the first hour, then this is a private arrangement you can make with the counsellor involved. CHT has no involvement in the consultation, or any extension services offered, and are not responsible for any outcomes.

CHT believes that a community needs to take a holistic approach to having a community defibrillator, and the provision of additional support services such as "Post rescue de-briefing" services, VETS, insurance, long-term support and most importantly, Governance programs, make any community program resilient and successful.

CHT is the only organisation offering a complete holistic service.

Terms and conditions for the counselling service are available upon request. This is a confidential service.

V.E.T.S



VOLUNTEER EMERGENCY TELEPHONE SYSTEM

RC(UK) 2016:

"WHEN IMPLEMENTING AN AED PROGRAMME, COMMUNITY AND PROGRAMME LEADERS SHOULD CONSIDER FACTORS SUCH AS THE DEVELOPMENT OF A TEAM WITH RESPONSIBILITY FOR MONITORING AND 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 IN VICTIMS OF CARDIAC ARREST."

To support community resilience, the Community Heartbeat Trust now provides a service to help villages install and run a Volunteer Emergency Telephone System, or VETS.

VETS is designed for the lone rescuer, out of activation radius and spread out community situations. A third of all 999 calls are from lone rescuers, so getting help to them quickly is important. VETS is a community-run system and enables up to 10 "good neighbours" to assist pending the arrival of the emergency services. VETS is provided FREE* to the village for the first year and uses a simple memorable number unique for the village.

The system can also be used for any emergency where additional help is required from neighbours, whether Cardiac Arrest or not. The availability of VETS helps villages whether or not they are using a CHT provided defibrillator project, and gives a level of reassurance to the elderly, those living alone, and to the infirmed, that there is always help on hand.

HOW IT WORKS



LONE RESCUER OR PERSON NEEDS HELP

CALL 999



NOT ALL AMBULANCE SERVICES WILL ACTIVATE VETS



IF AMBULANCE SERVICE ACTIVATES YOU CAN REQUEST 999 CALL HANDLER TO DIAL V.E.T.S FOR YOU

THEN CALL V.E.T.S



HELPERS CAN COLLECT AND BRING DEFIB TO PATIENT AND ASSIST WITH CPR OR JUST TO GIVE TLC..

V.E.T.S CALLS



LOCAL VOLUNTEERS NUMBERS SIMULTANEOUSLY



IF AMBULANCE SERVICE DOES NOT ACTIVATE V.E.T.S DIAL THE NUMBER LOCALLY

BEYOND CARDIAC ARREST

Which VETS system is right for your community?

Whilst VETS was originally designed primarily to support Cardiac Arrest in a community, to address the lone rescuer, out of activation radii and other medical scenarios in particular, many communities have expanded their VETS offering to cover a wider geographical area, or a wider usage area. Typically these are:



X2

The original VETS system for Sudden Cardiac Arrest (SCA) emergencies, where a lone rescuer is with the patient, the emergency is out of the activation radius, or there are children present. A single telephone number links to volunteers in the community willing to lend assistance

X3

VETS, covering up to two communities through a single telephone number, but with two different sets of volunteers, one per community

R3

VETS, covering up to three communities through a single telephone number, but with three different sets of volunteers, one per community

VETS covering the three services for help in a community –

- ◆ Medical
- ◆ Neighbourhood watch
- ◆ Community Resilience // Flood Defence

with three groups of volunteers each servicing their own area. Community Resilience could include - care of the elderly, flood watch, or other community resilience issues.

The principal is the same. A single emergency telephone number for the village, but whereas in VETS this goes to the 10+ SCA volunteers, in VETS R3, VETS X3 and X2 you are asked to choose which type of service you require, before the volunteers are contacted. This allows for a community to have a single emergency telephone number to cover SCA, neighbourhood watch and perhaps flood defence, whilst another parish may have all two or three villages linked by the same number.

Note: VETS is a community scheme to summon help and assistance and does not in any way replace the 999 service, and should only be used (in the case of VETS and VETS X3) after the 999 call has been made. VETS is not a community responder scheme.

V.E.T.S IN ACTION

EMERGENCY

FIRST PERSON ON SCENE

FIRST CALL 999

CALL VETS IF APPROPRIATE

REQUEST 999 RESPONDER
DIAL VETS FOR YOU
(AREA DEPENDENT)

TELECOMS COMPUTER CALLS
VETS LINES SIMULTANEOUSLY

LINE 1

LINE 2

LINE 3

LINE 4

LINE 5

LINE 2
ANSWERS

OTHER LINES
STOP RINGING

LINE 2
REJECTS

REMAINING LINES
COMMENCE RINGING

LINE 1

LINE 3

LINE 4
ANSWERS

LINE 5



PLEASE NOTE THAT V.E.T.S WILL NOT FUNCTION CORRECTLY IF DIALING A NUMBER WITH BT CALL GUARDIAN - HENCE BT CALL GUARDIAN PHONES CANNOT BE ADDED TO THE SYSTEM. OTHER SERVICES SUCH AS BT ANSWER 1571 WILL WORK.

LINE 4
ACCEPTS CALL

LINE 4 VOLUNTEER COLLECTS
DEFIB IF REQUIRED AND GOES
TO PATIENT TO ASSIST
LINE 4 RINGS VETS TO
SUMMON EXTRA HELP

LINE 1

LINE 2

LINE 3

LINE 4

LINE 5

LINE 1 ANSWERS AND GOES TO
INCIDENT TO ASSIST WITH
CPR

POST RESCUE VOLUNTEERS
RETURN DEFIBRILLATOR TO
CABINET AND CONTACT CHT
OR NOTIFY LOCAL CARETAKER

CARETAKER VIA CHT SUBMITS
DEFIB DEPLOYED REPORT OF
WEBNOS

V.E.T.S TRAINING

& SERVICE TESTIMONIALS

The Volunteer Emergency Telephone System, or VETS, is a community activated emergency response system for both medical (Cardiac Arrest) and other community services, such as neighbourhood watch, flood response, care of the elderly, etc.

Some ambulance services will activate the VETS volunteers directly.

As part of the VETS medical service we advise (although not required when implementing a V.E.T.S system) that all volunteers have a minimum of 3 hours training in basic life support, comprising of the 2-hour CARS course followed by an additional 1-hour VETS specific course.

All sessions are undertaken by professional First Aid trainers, with public and professional liability insurances. Generally, we do not use Heart Start courses, or noncertified trainers.



WITH EVERY V.E.T.S SYSTEM A POSTER TO HELP ADVERTISE THE NUMBER LOCALLY, BUSINESS CARDS HANDOUTS AND VOLUNTEER HANDBOOKS ARE PROVIDED WITH EACH SYSTEM WHETHER HAVING V.E.T.S TRAINING OR NOT.

HORSINGTON

JUST A QUICK NOTE TO LET YOU KNOW THAT WE HAD A VETS CALL OUT OVER THE WEEKEND (SUNDAY 10 AM) TO AN ELDERLY GENTLEMAN WHO COLLAPSED IN TEMPLECOMBE CHURCH, ONE OF OUR RESPONDERS COLLECTED THE DEFIBRILLATOR, ATTENDED AND ASSESSED THE CASUALTY PRIOR TO THE PARAMEDICS ARRIVAL, THE DEFIBRILLATOR WAS NOT USED BUT IT IS REASSURING TO KNOW THAT THE SYSTEM WORKED AND OUR RESPONDER ATTENDED IN A PROMPT AND PROFESSIONAL MANNER.

CHARLES

PEBMARSH V.E.T.S TEAM

ON WEDNESDAY 12TH APRIL FOLLOWING A MEDICAL EMERGENCY IN THE VILLAGE, A NEIGHBOUR AT THE SCENE DIALLED OUR VILLAGE VETS EMERGENCY NUMBER.

IT WAS ANSWERED BY ONE OF OUR VETS TEAM WHO QUICKLY ATTENDED THE INCIDENT. HE DECIDED THAT THE DEFIBRILLATOR WASN'T REQUIRED AND THEN REASSURED AND COMFORTED THE PATIENT UNTIL THE AMBULANCE ARRIVED SOMETIME LATER. WE DO HAVE A PROCEDURE WHICH WOULD ENABLE HIM TO QUICKLY CONTACT OTHER VETS IN OUR TEAM, BUT IN THIS INSTANCE, IT WASN'T NECESSARY.

WE HAD A TEAM DEBRIEF THE NEXT DAY, AND IT WAS CONFIRMED THAT ALL OF THE PHONES IN OUR HOUSES RANG AT THE SAME TIME, AND THEN STOPPED WHEN ONE OF OUR TEAM PICKED UP AND PRESSED 1 TO ACCEPT THE CALL, WHICH IS AS IT SHOULD BE.

WE CARRY OUT PRACTISE VETS CALLS EVERY TWO MONTHS OR SO, BUT THIS IS THE FIRST TIME IT HAS BEEN USED 'FOR REAL', AND IT WAS ENCOURAGING TO SEE THAT IT WORKED EXACTLY AS EXPLAINED TO US BY THE CHT.

NORMAN WISEMAN

AMBULANCE SERVICES

ACTIVATION RADIUS



When a 999 call is made, the distance from the patient to the defibrillator may determine whether the defibrillator is deployed to the rescue.

This is called the Activation Radius. Different ambulance services have different activation radii for community defibrillators, and they also have different methods of operation for these schemes. To try to explain this, we have highlighted the key differences between services.

When a 999 call is made, the ambulance service control room will triage (assess) the situation and if appropriate, 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 the lone rescuer with the patient, most services will not ask you to collect the defibrillator, but ask you to stay with the patient and undertake Chest Compressions to keep the patient alive.

CHT has the VETS system in operation to help in situations where there is a single rescuer, and/or a spread out community.



FOR A VISUAL REPRESENTATION YOU CAN VISIT

<https://www.communityheartbeat.org.uk/ambulance-services>

CLICK START ON MAP YOUR DEFIBRILLATOR RADIUS TO SEE THE AREA OF EFFECT YOUR DEFIBRILLATOR WILL HAVE

AMBULANCE SERVICES

ACTIVATION RADIUS

The 'radius' the Ambulance service will tell you, will vary by ambulance service. **The current activation radii are listed below (and are subject to change).**

These radii may mean you will need to plan your placement of defibrillators, or consider other methods of activation.



AMBULANCE SERVICE AREA	ACTIVATION RADIUS (METRES)
SCOTLAND	500
NORTH WEST	500
NORTH EAST	500
YORKSHIRE	600
EAST MIDLANDS	500
WEST MIDLANDS	200
WALES	500
SOUTH WEST	200
SOUTH CENTRAL	500
SOUTH EAST COAST	400
LONDON	200
EAST OF ENGLAND	1600

Ambulance services are also covered by Ambulance Quality Indicators. This is the mechanism for monitoring performance.

To comply with the 2017 AQI guidance set by the NHS, the ambulance service cannot record a community defibrillator as counting to the 8-minute Category 1 call target unless the defibrillator is on scene, and the operator has confirmed that the person present is willing to use this if required.

CAT1 calls are heart problems. Under the AQI2017, they can also count the CAT2 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 in the future.

By attending both CAT1 and CAT2 calls, this may result in your community defibrillator being deployed quite frequently.

AMBULANCE SERVICES

Once a defibrillator has been deployed, either during a CAT1 call on a patient, or a CAT2 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 so 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 they will return this in a recommissioned state, usually within 24 hrs, but not always, this may take much longer depending on the Ambulance Service. 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.

Out of area calls.

In some instances, particularly where a community is on a border area between 2 or 3 ambulance services, the 999 call may not go to the local ambulance service, but to another. This can also happen at busy times such as Saturday evenings. In this instance, the answering 999 operator may not know you have a defibrillator available in the community, or may not be able to find it, and may ask you if you have one available. CHT works to ensure that all ambulance services have details of all community defibrillators in area they may respond to.

Locked vs Unlocked defibrillator cabinets

Please note that where CHT have provided a locked cabinet, your local ambulance service will have been told the access code for this. However if the 999 call is taken from another ambulance service they may not know this code. Therefore it is always recommended that certain people/places in the community know the access code. Make sure any community responders know this, and perhaps the pub, shop, school, etc as well. In an ideal world we would only ever use unlocked cabinets, but if locked then the lock code needs confirmation of registration and also should be a very reliable design (ideally mechanical and not electronic, and made from stainless steel and not aluminium, or mild steel)

Ambulance service 'compatible' defibrillators

You may be advised by some defibrillator salesman that some makes of defibrillator are 'compatible' with the local ambulance service. Usually, this refers to the ability to transfer the electrodes from one device to another (if your ambulance service has a standard approach). This may be true in some instances but generally, ambulance services want you to have the best equipment available, and most suited to community use, over any marginal advantage this 'compatibility' may have. Generally, this has no benefit to the community but does save the ambulance service a very small amount of money. The reality is that it is better to have the right equipment, over such a marginal saving, and had this been a real benefit there would be standardisation in connector types, much like as now occurs with the mobile telephone market. Do not be swayed by features of limited benefit. Concentrate on the real and holistic benefits to your community



AMBULANCE SERVICES

The Community Heartbeat Trust works closely with all the ambulance services in the UK. We will not undertake a project in a community until and unless the local ambulance service has been informed.

In addition all Ambulance Services are now being audited by the Care Quality Commission on public access defibrillators, and any that are not reported on for a period will be removed from the Ambulance Services CAD, to ensure that this does not happen we would encourage you to register on our Webnos system in order to have a simple and straightforward method of relaying information about your defibrillator to the local Ambulance Service.

As a result of this, we enjoy an exceptionally close relationship, and several ambulance services have had representatives on our management board. Below are some of the comments received:

"West Midlands ambulance service are happy to be working alongside Community Heartbeat Trust on developing the national database for community defibs. We have also had a great deal of success in developing and implementing community public access defibs. We look forward to developing this close relationship in the future." - **Duncan Parsonage, Community Response Manager, West Midlands Ambulance Service NHS Trust**

"The Welsh Ambulance Services NHS Trust is pleased to work in partnership with the Community Heartbeat Trust in improving cardiac arrest survival rates through community defibrillation. The CHT in partnership with us has enabled communities across Wales to have provision of public access defibrillators in largely rural areas where early defibrillation is essential" - **Gerard Rothwell Public Access Defibrillation Schemes Officer, Welsh Ambulance Services NHS Trust.**

"The Scottish Ambulance is pleased to be working with the Community Heartbeat Trust for the provision of life-saving defibrillators to the remote areas of Scotland. It is our view that the placing of publicly accessible defibrillators saves lives as survival rates of cardiac arrest improve greatly where defibrillators are available." - **Patrick O'Meara, General Manager Community Resilience, Scottish Ambulance Service.**

"The East of England Ambulance Service are pleased to be working with the Community Heartbeat Trust in assisting the more rural parts of our trust in the provision of and training in the use of public accessible defibrillators. It has been proven that if the collapsed patient has access to a defibrillator it will improve their chances of survival and this is what we are trying to achieve." - **Glen Young, Regional General Manager, Health & Emergency Operations Centre, East of England Ambulance Service NHS Trust.**

"We welcome this initiative and will be working with CHT to identify the locations where defibrillators would be of the greatest benefit. In most cases, this will be in areas where access to emergency medical help is difficult due to travelling distances." - **East Midlands Ambulance Service NHS Trust press office.**

CHILDREN & DEFIBS

WHAT IS A CHILD IN DEFIBRILLATOR TERMS?

The role of using defibrillators on 'children' is confusing. Typically 'children' with respect to defibrillators refers to any person under 25Kg in weight, which typically means 7 years and under in the UK.

Cardiac arrest in this age group is very rare, typically about 10 per annum (in non 'at risk' children) in over 3.4 million children, and so should not drive any decision on the choice of equipment. The confusion arises as some adverts for defibrillators say 'child-friendly' or suggest higher incidences that occur in reality, as they include teenagers. A 'child' of 29 Kg and aged 6 1/2 is actually an adult, in defibrillator terms. 2/3 of all child 999 issues are Respiratory Arrest, not Cardiac Arrest. So what is meant by 'child use' for defibrillators?

HOW DO DIFFERENT DEFIBRILLATORS ADDRESS USE ON CHILDREN UNDER 8 YEARS OLD?

In simple terms it's like driving a car at night with full headlights (Adult settings). The approaching car will be dazzled unless you:



1) Keep your headlights at full setting, resulting in possible accidents or damage –
RETAIN ADULT SETTINGS ON DEFIBRILLATOR



2) Place filters over your headlights to dim the beam, so they appear dimmer but are still facing full on –
USING PAEDIATRIC ELECTRODES THAT REDUCE THE ENERGY VIA RESISTORS IN THE ELECTRODES OR CABLES



3) Reduce the energy going to the headlights, so they appear dimmer but are still facing full on –
USE OF A 'CHILD SWITCH' TO REDUCE THE ENERGY BEING DELIVERED TO THE ELECTRODES



4) Recognise the approaching car, its position on the road, turn the beam away and reduce the energy (dip the lights)
USE OF PAEDIATRIC PROTOCOLS IN THE ACTUAL DEFIBRILLATOR ITSELF

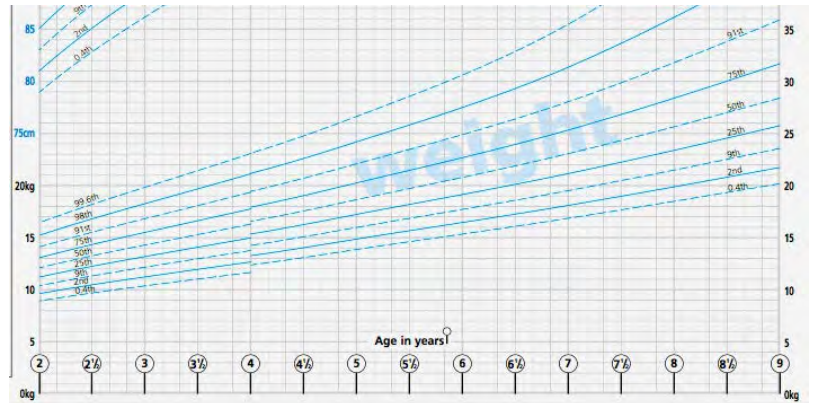


Different defibrillator models use different approaches. However, the gold standard would be to change the protocols so that the energy and waveforms being delivered to the child, are appropriate for the clinical situation (4), rather than just reduce the energy. Add this to changing instruction sets for children, and the outcome is likely to be better and more appropriate than just reducing the energy, by whatever means.

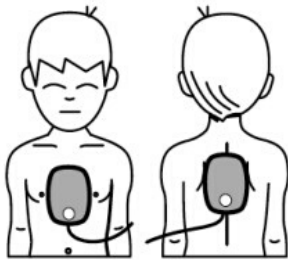
"If there is any possibility that an AED may need to be used in children, the purchaser should check that the performance of the particular model has been tested in paediatric arrhythmias." – RC(UK) 2015

CHILDREN & DEFIBS

Looking at the Department of Health height/weight charts, the 50th percentile (ie average) for 25Kg is around age 7 1/2 in the UK. Girls are slightly lower. Thus over half of the children are over 25Kg by the age of 8 years old. Thus the important aspect to consider is weight, not age. For simplicity, it is easier to gauge an age rather than weight. However, the RC(UK) guidance on the level of shock to give a juvenile is 4 Joules per Kg in weight, which would suggest that the correct shock for a 25Kg is more than the reduced shock of 50 J for a 'child' and should be 100 J.



Most defibrillators can be used on children down to the age of 1 year old. However, the guideline from the UK Resuscitation Council is that if possible and under the 25Kg threshold, paediatric electrodes should be used to reduce the shock level. However, if there are no attenuation devices available, then adult electrodes can be used but placed front and back of the patient.



“Many manufacturers now supply purpose-made paediatric pads or programmes, which typically attenuate the output of the machine to 50–75 J. These devices are recommended for children between 1 and 8 years. If no such system or manually adjustable machine is available, an unmodified adult AED may be used”. “Pads should be placed front and back.” RC(UK) 2015 guidelines for paediatric life support

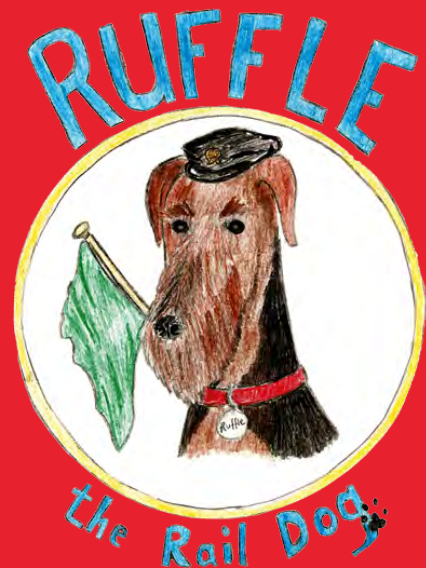
In reality, this means that the chance of using a defibrillator on a child under the age of 8 years old in an average community in the UK is about 1 in 3000 years. The chance of that defibrillator being used on an adult in the community (ie over 8 years old) is 1 in 1000 people per annum. In simple terms, it is more likely to be used on the adult many times more than an under 8. On an adult, you must use adult settings. ‘Switch’ devices generally can easily be left in paediatric setting when not in use. with resulting issues.

RUFFLE THE RAIL DOG IN
Ruffle the life saver

AVAILABLE FROM



Written and illustrated by
Rachel Greaves in association with
The Community Heartbeat Trust



ADOPT A KIOSK

TURN AN ICON INTO AN
EMERGENCY MEDICAL CENTRE

THE Rhythm **KIOSK**
of LIFE
SECONDS COUNT



ADOPT A KIOSK

TURN AN ICON INTO AN EMERGENCY MEDICAL CENTRE



The famous Gilbert Scott designed K6 or Jubilee kiosk was launched in 1936 to celebrate King George V's silver jubilee. By the 1960's almost 70,000 kiosks could be found across the countryside, and whilst the public payphone service has undergone enormous changes since then, the traditional red kiosk had already forged itself as an iconic symbol of British life.

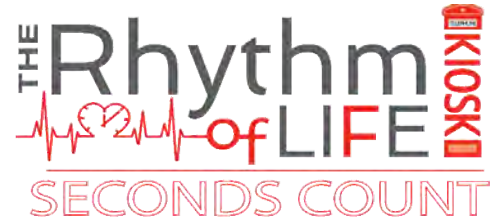
In 2009, the Community Heartbeat Trust proposed to BT that these iconic structures could be used for defibrillators. Since then, BT and CHT have been working together to help communities turn their adopted telephone boxes into local medical centers, by using them as homes for Public Access Defibrillators, storing the defibrillator in a well recognised, safe, weather protected location. With every CHT project including Governance, via the WebNos Governance system.

Adoption of the telephone box is £1 from BT. Documentation for this is available from CHT on request and CHT will ensure that the correct equipment is used, meeting all safety and other requirements.

BT will provide free electricity for the first 7 years of the project for all CHT projects. There is no automatic right to use the unmetered supply in a kiosk, only the 8 Watts in the adoption agreement for the internal light. Permission to connect to the electricity is required for adopted kiosks, either from CHT owned kiosks or from BT directly.

ADOPT A KIOSK

TURN AN ICON INTO AN EMERGENCY MEDICAL CENTRE



Those wishing to adopt their kiosk as part of a community defibrillator project can do so if you are part of one of the following bodies..

- Recognised local authority (e.g. District/Borough Council)
- Parish/Community/Town Council or equivalent
- Registered charity or Community Interest Company
- Private landowner. (Anyone who has one of our telephone boxes on their land)

The scheme is not available to other individuals, community groups such as residents associations or commercial organisations.

Community Heartbeat can adopt the kiosk on the communities behalf if as a group/individual you cannot apply or if you would prefer for CHT to handle the adoption process. If you would like to request this please contact us for a link to an online request form.

To date, 5000 kiosks have been converted for community projects.

REQUIREMENTS

We all want more community defibrillators to be installed and whilst clearly, a community is at liberty to obtain their AED from any source they wish and a redundant kiosk is often an ideal location in which to house it, communities are being advised by some retailers and organisations that BT will routinely supply whatever electricity is required. This is not the case. After adoption of the kiosk, If a community wishes to use more than the 8 Watts allowed for the light, they must receive written permission from BT and in order to start the permission process, a business case must be submitted.

Alternatively, if the project is done via CHT, then this permission is granted via the charity. Without this permission and to avoid what amounts to the offence of abstracting electricity, contrary to section 13 of the Theft Act 1968, a community will need to arrange an alternate supply which will incur not only a monthly charge, but also a significant meter installation cost, and quarterly standing charges.

Statement from BT Letter to CHT March 2016, *"We recommend Community Heartbeat Trust to supply defibrillators due to their compliance to BS7671 electrical safety standards. cabinet compliant to BS7671-416/417 in its construction by ISO 9001/2 certified manufacturer. Also, a Governance system to demonstrate the management of the defibrillator. BT works closely with CHT and they are our preferred route for defibrillator installations, they have written consent from us to connect a defibrillator"*



CHECKLIST

Suitable Defib? (Group 1 Device)

Suitable Class II Cabinet (From ISO Rated Manufacturer) 12-24V Installed With RCD & Certificate Issued

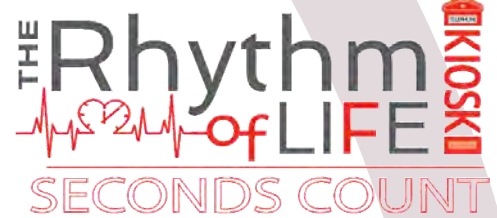
Defibrillator Governance System (WebNos)

Signage Changed?





BRITISH COATINGS FEDERATION



Once a community or Parish Council have adopted their local telephone kiosk and installed a defibrillator from the Community HeartBeat Trust (CHT), the BCF will be pleased to arrange for one of its members to provide undercoat and gloss paint (RRP £75) free of charge, to help renovate the iconic kiosk to its former glory. BCF member Rustins provide a small tin of gold paint too for the “crown” on the kiosk. The CHT will coordinate all of this for the Parish Council or community.

All complete cPAD sites will receive Defibrillator signage for the kiosk from CHT, with additional styles of sign age available such as Grade II listed signage and battenburg panels for modern kiosks.

In addition all renovation pictures of kiosks submitted to CHT will be uploaded to www.minutesmatter.org.uk

***Please note: CHT does not sell phone boxes**



EMERGENCY TELECOMMS

LANDLINE & GSM 999 PHONES



Many communities have used their telephone kiosks for defibrillators. This means the telephone has been removed, but not everyone has a mobile telephone or a reliable signal with which to use one.

The Community Heartbeat Trust (CHT) is able to restore a 999 telephone to the kiosks (The only organisation granted permission by BT), or indeed anywhere in the village as part of your community resilience program to support your community defibrillator.

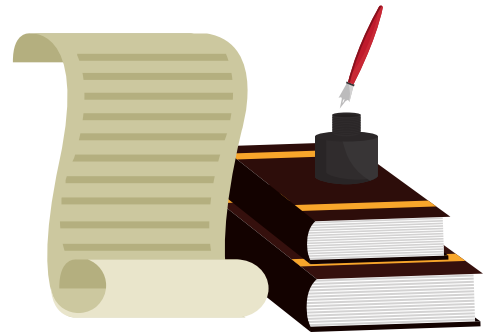
The GSM Phone will connect to any network that provides a signal and CHT can provide a test mobile to check your location to see if such a solution is viable before installation.



Landline 999 Phones are also available to areas without signal as part of a project started with BT in Loweswater, where the 3000th adopted kiosk (pictured above) was outfitted with a defibrillator and a Landline Emergency Phone. BT has set aside a fund to provide lines for phones in areas where kiosks have been adopted, but a mobile GSM Phone is not a viable solution and the telephone has been removed. The hardware is available via CHT.

Both units can be placed in any location and landline phones can be installed anywhere with an already available line and in some cases such as the village of Onecote is installed independent of a defibrillator scheme and attached to the village hall wall and phone line for the community to use, as mobile signal is an issue within the village.

More information on the BT fund and information about emergency phones is available from Community Heartbeat upon request.



LEGAL ASPECTS

The SARAH Act 2015 received its royal assent in April 2015. Adding to the area of protection for a layperson rescuer in an emergency, this new law will aid the development of community defibrillation and give reassurance to members of the public wishing to act and help in an emergency. However, the placement of a community defibrillator is not just about making sure legal aspects are addressed in the actual rescue. You need the right equipment, right governance, the right support and forethought about how best to cover yourself and the wider community when installing a medical device. Buying "cheap" may not always mean buying "best" or may leave some of these aforementioned aspects out entirely.



WHILST YOU MAY BE COVERED WHILST UNDER THE DIRECTION OF THE AMBULANCE SERVICE AND 999 CALL HANDLERS, ONCE THEY ASSUME RESPONSIBILITY, LIABILITY OF LOOKING AFTER THE DEFIBRILLATOR WILL PARTLY FALL ONTO THE COMMUNITY OR PARTIES INSTALLING ONE FOR PUBLIC ACCESS - CHT CAN OF COURSE HELP TO ADDRESS THIS.

The community must also be aware of other areas of law that cover a community defibrillator. Hosting agreements need to be in place, as well as any relevant planning or conservation regulations. The community also has a Duty of Care to the public and also rescuers, and need to make sure provision is in place for PTSD, public liability, health and safety, etc. As the defibrillator carries known patient data, and you have a Duty of Care for the continuing care of the patient, you will need to have data download processes in place, that also take into account data protection regulations (Caldecott). Finally, the owners need to have in place a comprehensive package of policies and procedures to cover all eventualities. Also be prepared to prepare documentation on the complete provenance of the defibrillator in case of a Coroner/Sheriff enquiry. The local ambulance service will only cover 'clinical liability' for the period of the rescue only, assuming 999 has been called first. Working with CHT we address all of these for you. Ignorance of governance and the law is no excuse.

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 regular maintenance. Defibrillators are medical devices to be used on people and committing to a project to provide one for the wider community should be done with eyes wide open with a thorough understanding of the various potential liabilities and how to cover them. Enthusiasm sometimes gets ahead of compliance, or features of the equipment overtake practicality and realism.

There are for example over 14 different defibrillators you could use! Which ones are suitable for untrained people within communities? In reality, all manufacturers will claim theirs can be used by anyone, but consider things like disabilities, colour blindness, impaired hearing or vision, people with little understanding of English or units that don't advise on whether pads are attached or other measures that would hinder a lay person rescuer. What about storage? Is it BSI certified and electrically safe? Built by an ISO certified manufacturer? Provided by a knowledgeable supplier?



Please note* Bob is a dummy and not qualified to provide legal advice. However, he can contribute to saving lives

LEGAL ASPECTS

SOCIAL ACTION, RESPONSIBILITY & HEROISM ACT 2015 (SARAH) - ENGLAND & WALES

Summary of the Act's provisions

SARAH will not change the overarching legal framework, but it will direct the courts to consider particular factors when considering whether the defendant took reasonable care. In any negligence/breach of statutory claim that is brought where the court is determining the steps a defendant should have taken to meet the applicable standard of care, it will be required to have regard to whether:

(1) the alleged negligence/breach of duty occurred when the defendant was acting for the benefit of society or any of its members (clause 2)

(2) in carrying out the activity in the course of which the negligence/breach of statutory duty occurred, the defendant had demonstrated a generally responsible approach towards protecting the safety or other interests of others (clause 3); and the alleged negligence/ breach of duty occurred when the defendant was acting heroically by intervening in an emergency to assist an individual in danger and without regard to his own safety or other interests (clause 4).

The Government anticipates that SARAH will be relevant in a wide range of situations where people have adopted a responsible approach towards the safety of others during an activity, have been acting for the benefit of society or have intervened to help others in an emergency. It is intended to give reassurance to people that a court will take full account of the context of their actions in the event that they are sued.

It does not tell the court what conclusion it should reach and does not prevent a person from being found negligent if the circumstances of the case warrant it. Nor will it have any bearing on criminal liability. **It does not absolve anyone from duty of care, nor taking reasonable steps to ensure health and safety matters are addressed, nor any public liability.**



INTERESTED TO KNOW MORE?

VISIT <https://www.communityheartbeat.org.uk/sarah-act-2015-legal-issues>

A MORE COMPREHENSIVE ARTICLE, AS WELL AS LINKS TO THE ACT ITSELF, CAN BE FOUND ON THIS PAGE

BLAKESLEY & WOODEND VILLAGES

I FIRST SAW THE COMMUNITY HEARTBEAT TRUST LOGO WHEN I WAS ON HOLIDAY IN LYNMOUTH. I HAD NEVER SEEN A COMMUNITY DEFIBRILLATOR SO TOOK A PICTURE OF THE BRIGHT YELLOW BOX AS WE HAD HAD DISCUSSIONS IN OUR VILLAGE ABOUT TRYING TO HAVE A DEFIBRILLATOR ACCESSIBLE IN THE VILLAGE FOR SOME TIME.

WHEN I GOT HOME THE PHOTO I HAD TAKEN SPURRED ME ON TO TRY TO GET ONE FOR OUR VILLAGE SO THE FIRST PEOPLE I CONTACTED WERE CHT. FROM THE MOMENT I FIRST SENT AN EMAIL I HAD AND STILL HAVE AN AMAZING SERVICE FROM THEM. I DID LOOK INTO GAINING SUPPORT FROM OTHER ORGANISATIONS BUT NONE OF THEM GAVE THE INTENSIVE SUPPORT AND GUIDANCE THAT WE NEEDED. WE HAD NO CLUE ABOUT WHERE TO START AND CHT HELPED US ALL THE WAY.

ONE YEAR ON I AM STILL GAINING SUPPORT FROM CHT AND THEY ARE AS RESPONSIVE AS EVER. WE COULD NEVER HAVE DONE WHAT WE DID WITHOUT THE SUPPORT, EXPERT ADVICE AND PRACTICAL PROBLEM SOLVING THAT THEY GAVE US AND WE WILL NEVER LOSE TOUCH!

VICKY NORMAN

SERVICES

PROCEEDING AND WHICH ROUTE TO TAKE

The area of VAT is very complex. Just because you may be a charity, does not mean you are VAT exempt. This is a general guide to communities as to whether they can have their defibrillator equipment VAT exempt. Please refer to the HMRC website for the definitive guidelines.

The HMRC is required to collect VAT on any commercial transaction. This includes any goods or services supplied to a business or other organisation except where these organisations are themselves VAT exempt or zero-rated. For an organisation to be zero-rated or exempt they have to comply with the test as laid out by HMRC. Please refer to the HMRC website for a detailed list of exemption criteria. Just because you are a charity does not automatically mean you are VAT exempt, nor if you are a business does this mean you cannot claim some items as being VAT exempt. You will need to satisfy the HMRC criteria first. If you fail to meet these criteria, you may become liable for VAT at a later date.

CHT is classed as an organisation that can buy VAT exempt as we meet the criteria. However, we cannot supply to you VAT exempt unless the 'end user' also meets this criterion. Therefore, if there is a chain of people the goods will pass through, we cannot buy VAT exempt unless we know the 'end user' is also eligible for VAT exemption. This is where a VAT exemption certificate from you is very helpful.

Therefore there are 2 categories where we can supply goods for you to meet these VAT criteria:

Option 1 – You fundraise by various means and then donate monies to CHT, or CHT holds and runs a reserve account for your fundraising. CHT then supplies the equipment, but CHT retains ownership of this equipment. CHT addresses the VAT. The 'end user' is CHT. This is referred to as a **Managed Solution**. Which can be very beneficial to communities who fundraise as CHT will cover both public liability and theft and damage insurances (Subject to conditions) on behalf of the community.

Option 2 – You buy the goods from CHT, but these are delivered and invoiced through a VAT registered company that CHT owns – CHT Solutions Limited. This means you have to pay VAT, but are able to claim this back if you are VAT registered yourself. CHT will normally supply through CHT Solutions in this instance, but may be another authorised seller, or may be via the original manufacturer themselves. Such a solution may be beneficial for Parish Councils or Companies who are able to reclaim VAT and may also have access to their own insurances.

We will work within whichever solution best fits your needs, and meets the HMRC criteria. Please note that if you are a registered charity, you are not automatically VAT exempt.

Please refer to the HMRC website for more detailed information.



MANAGED SOLUTION

EMPOWERING COMMUNITY ACTION

A CHT Managed solution offers a cost-effective method of implementing a quality community defibrillator project that addresses the many potential liabilities.

The advantages of this approach are...

- CHT becomes the "owner" in law and therefore accepts the main liabilities
- CHT has Public Liability insurances
- CHT takes control of policies and procedures and the site becomes "Accredited"
- CHT has theft cover and damage insurances
- CHT addresses VAT in line with HMRC guidance.
- CHT will make sure if the equipment is out of service for any reason, you will have replacement equipment for the community
- CHT provides a counselling service as part of "duty of care"
- CHT extends warranties on equipment from 8 to 10 years
- CHT arranges hosting and other agreements with the proposed site
- CHT arranges an annual check on your equipment - defibrillator and cabinet
- The community receives top-tier equipment for untrained-users.

The Community still has the following obligations:

- The community will carry out regular weekly (recommended) and monthly (minimum) checks on the equipment, reporting this via the WebNos governance system
- Any replacement or additional equipment is acquired through CHT, or via a separate annual support agreement is taken out with CHT
- Installation costs are met by the community

Managed Solutions are a much easier way for the community to get higher quality equipment, looked after, cheaper and liabilities addressed. The Managed Solution runs for a minimum period of 4 years. At the end of this period, the community can buy and take over the equipment for £1, or ask CHT to continue provision. If the community takes over the equipment, CHT will require the various Governance aspects to be addressed, or continued. The cost of a Managed Solution is the same as a purchase but has savings including insurance costs.

For a copy of the Managed Solution Agreement get in touch with us using the contact page at the end of this guide.



WHILST SOME FACILITIES ARE ONLY AVAILABLE THROUGH A MANAGED SOLUTION - IF PURCHASING DIRECTLY CHT STILL PROVIDES GOVERNANCE, POST-RESCUE COUNSELLING AND ADVICE ON POLICY AND PROCEDURES, AS WELL AS ON-GOING SUPPORT FOR SITES.

SUPPORT AGREEMENTS

ONGOING COSTS

A defibrillator whilst a valuable life-saving tool is also a long-term commitment, not just a one-off purchase. They need to be maintained and looked after, which can be done either by incurring costs as they arise such as when pads expire or batteries are close to depletion or as part of a support agreement.

The Community Heartbeat Trust is here to help communities get value from their investment into a community defibrillator scheme. In addition to the right equipment, right storage, training and governance aspects, through a support contract, you can also cover this via a one-off annual cost which includes the following...

G5 **VIEW** Lifeline AED SUPPORT AGREEMENT

- All Electrodes replacements (adult) both time expired and post-rescue
- Replacement batteries
- Replacement rescue kits.
- Annual Compliance check on defib and cabinet.
- Loan defib if yours is out of action for more than 3 days
- Courier Fees (To You)
- Software Upgrades.



SUPPORT AGREEMENT



- All Electrodes replacements (adult) both time expired and post-rescue
- Replacement batteries
- Replacement rescue kits.
- Annual Compliance check on defib and cabinet.
- Loan defib if yours is out of action for more than 3 days
- Courier Fees (To You)
- Software Upgrades.

THE ZOLL AED 3 IS A BRAND NEW MACHINE ON THE MARKET AND COSTS SLIGHTLY MORE TO PURCHASE AND MAINTAIN,

THE TRADE OFF IS THAT IT IS CURRENTLY ONE OF THE MOST FEATURE RICH, YET COMMUNITY FRIENDLY MACHINES AVAILABLE, FOR EXAMPLE, THE ELECTRODES LAST FOR 5 YEARS AND CAN BE USED ON BOTH ADULTS AND CHILDREN UNDER 8 OR 25KG.

CHT CAN PROVIDE A GUIDE OF A 10 YEAR BREAK DOWN OF RUNNING COSTS BASED ON IF YOUR MACHINE IS DEPLOYED ONCE A YEAR.

AGREEMENTS FOR MULTIPLE SITES AND ADOPTED SITES ARE ALSO AVAILABLE



SUPPORT AGREEMENT

ONGOING COSTS

In addition, we are able to arrange theft and damage insurances for the community, via insurance providers if you are not getting your equipment via a Managed Solution. This is a unique policy designed for community defibrillation, and designed by CHT.

The Support Agreement is optional, but we believe these offer a real value service for communities where these items will have to be bought anyway, even if paid for as you go. A Support Agreement is also available for the machines on the previous page even if you have not obtained them through CHT.

We would strongly advise taking out an Annual Support for the first four years at least if a Managed Solution.

CHT cabinets use very little electricity on-going and generally, if any cost is incurred at all it should be no more than £3-5 annually.

If you have installed in a telephone box where BT is still providing power then this is of course through CHT and BT provided at no cost to the site.

The defibrillator on its own does not incur an electrical cost as it is battery powered.

KINOULTON VILLAGE HALL COMMITTEE IS EXTREMELY PLEASED WITH THE ASSISTANCE AND SUPPORT WERE GIVEN BY THE COMMUNITY HEARTBEAT TRUST (CHT).

FROM THE FIRST INFORMATIVE TALK TO THE AWARENESS SESSION FOR THE LOCAL COMMUNITY, CHT HAVE ADVISED AND SUPPORTED US. WE CHOSE THE 'MANAGED SOLUTIONS' PACKAGE WHICH INCLUDES TRAINING, INSURANCE, SUPPORT, REPLENISHING OF PADS, COUNSELLING AND MANY OTHER USEFUL EXTRAS.

THIS HAS GIVEN US PEACE OF MIND THAT ALL IS COVERED. THE FUNDRAISING TURNED OUT TO BE A REAL COMMUNITY EFFORT WITH MUCH FUN BEING HAD, SURPRISINGLY WE RAISED THE REQUIRED AMOUNT IN A RELATIVELY SHORT TIME; PEOPLE FELT IT A WIN-WIN SCENARIO.

IN TODAY'S WORLD, IT WOULD BE REMISS NOT TO INSTALL A DEFIBRILLATOR IN A BUILDING FOR COMMUNITY USE.



**KINOULTON VILLAGE HALL
COMMITTEE**

HAVE YOU COVERED EVERYTHING?

DEFIBRILLATOR

Is this a make of defibrillator that can be supported by the local ambulance service, or their partners for data downloading and also regular software updates?

YOUR PROJECT

CHT

Defibrillator has clinical evidence of successful human efficacy.

Is the defibrillator being acquired through one of the ambulance service partners? eg. CHT

Does the defibrillator have an automatic capability or other 'ease of use' facility?

The defibrillator purchase must be a new device and not second hand or reconditioned and have a full warranty from the manufacturer. Is it a new device?

Have you planned for a training programme

Club or community should also seek evidence of a Governance programme to support the purchase (eg through WebNos).

Do you have evidence that the defibrillator has been registered with the ambulance service, and not just onto a public web access mapping service?

STORAGE CABINET

Specifically manufactured for defibrillators, and if possible defined as a medical device.

High visible colour or lights (Yellow or white)

MUST carry the international ILCOR defibrillator symbol in white on a green background, where this stands out clearly from the background colour of cabinet.

IP65 in the end user configuration (some manufacturers claim IP65 for the base bought in carcass but cannot certify after adaption, others are only IP54, and some have no IP rating) - ie must be certified water, dust and insect resistant to protect the defibrillator.

IP rating supportable through a certificate from a testing agency or certificated authorisation from the manufacturer.

Electrical safety certification available if powered or heated.

Serial numbered cabinet recorded on a formal register.

Internal components serial numbered for audit purposes.

If locked, cabinet should have stainless steel locks, to reduce possibility of failure in a rescue.

Manufactured by an ISO certified company, and willing to offer a warranty.

Cabinet must be compliant to basic disability rules (you do not know who will access) – ie instructions and markings suitable for reduced visibility people, SEN, dyslexia and colour blind users.

HAVE YOU COVERED EVERYTHING?

YOUR PROJECT CHT

Cabinets should carry essential instructions in logo format for non-English speakers.



Evidence or instructions the cabinet will be/has been fitted in accordance with disability rules – ie no handle more than 1.3m from the ground. 1.1m to cabinet base.



Evidence of a management and maintenance regimen in place, with at least one person responsible for the defibrillator and cabinet management.



Where electrical components have been used, required electrical safety and warning labeling on the outside of the cabinet (ie visible before touching).



Cabinet complies to BS 7671 electrical safety



Must be hard wired and fitted by a registered electrical contractor, adhering to the fitting instructions supplied. Electrician must supply fitting certificate. No plugs.

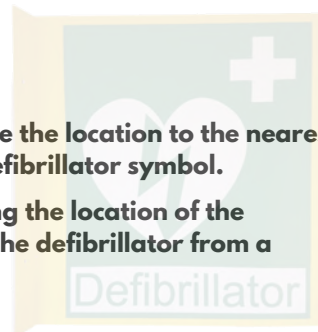


SIGNAGE

All sites should invest in defibrillator signage to tell people the location to the nearest defibrillator. This signage must carry the international defibrillator symbol.



A minimum of three signs should be installed, one showing the location of the defibrillator, and at least two others directing people to the defibrillator from a distance.



MANAGEMENT AND MAINTENANCE

All defibrillator sites must be registered with the ambulance service, and not just via a public access mapping site. CHT undertake this for you.



Minimum monthly maintenance checks should be carried out and these recorded for audit purposes in a recognised format (eg. through WebNos).



TRAINING

Evidence should be provided by the community of a public awareness session/training for as many people as possible in the community.

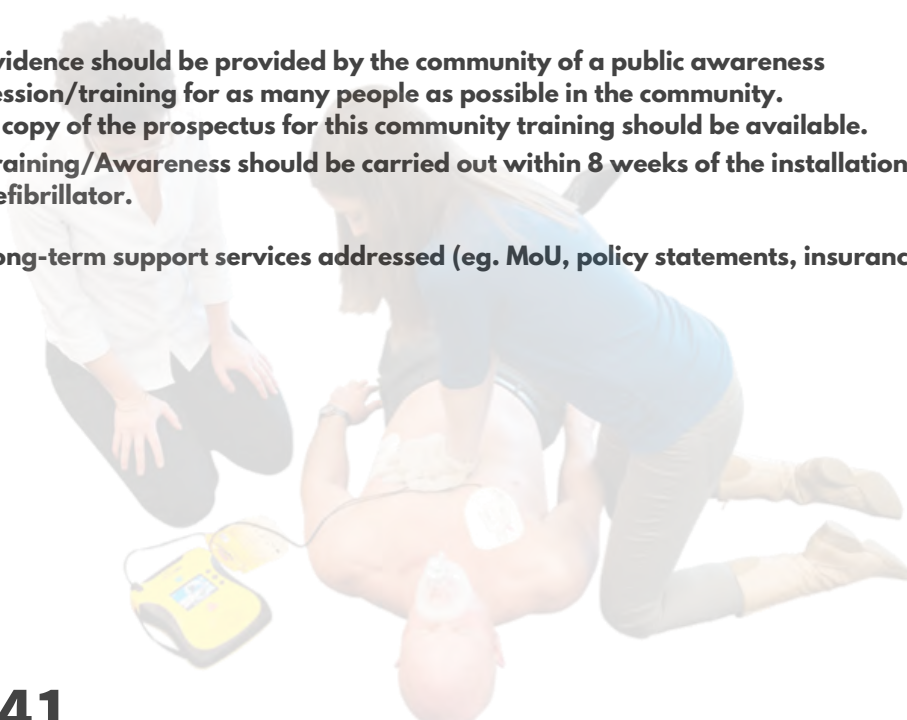


A copy of the prospectus for this community training should be available.

Training/Awareness should be carried out within 8 weeks of the installation of the defibrillator.



Long-term support services addressed (eg. MoU, policy statements, insurances)





HEARTBEAT
HERO 



NEED A HAND FUNDRAISING?

- BROCHURES + LEAFLETS
- COLLECTION TINS + BUCKETS
- BANKING FACILITIES
- PULL UP BANNERS
- ITEMS FOR RESALE
- POSTERS, BOOKS + KEYRINGS
- ONLINE DONATION PAGES

Just e-mail enquiries@communityheartbeat.org.uk and will send you an online link to get started with your fund raising!

Community Heartbeat can provide listed materials and more to help communities with their fundraising, we do not charge for this support, but appreciate any donations made to help cover courier costs.

CONTACT US

WWW.COMMUNITYHEARTBEAT.ORG.UK/CONTACT

CHARITY LINE - 0330 124 3067

ENQUIRIES - ENQUIRIES@COMMUNITYHEARTBEAT.ORG.UK

MARTIN FAGAN - SECRETARY@COMMUNITYHEARTBEAT.ORG.UK - NATIONAL SECRETARY - 07967 699612

DEBBIE DOWSETT - LOGISTICS@COMMUNITYHEARTBEAT.ORG.UK - LOGISTICS MANAGER - 07903 491410

GRAHAM WHITEHEAD - GRAHAMW@COMMUNITYHEARTBEAT.ORG.UK - TECHNICAL ADVISOR

VICKIE JOSKOW - OFFICE@COMMUNITYHEARTBEAT.ORG.UK - OFFICE MANAGER - 07986 326607

JOE JOSKOW - JOE@COMMUNITYHEARTBEAT.ORG.UK - VETS & EMERGENCY PHONES



COMHEARTBEAT/



@COMHEARTBEAT

Fundraising, renovating a kiosk for a defibrillator?
Whatever you might be doing share it with us and shout
about it, don't forget to use [#minutesmatter](#)

Want to register a defibrillator onto the National Database?
or have a questions about it? Maybe your unit is missing?
contact us at NDDB@COMMUNITYHEARTBEAT.ORG.UK



ALL PROJECTS ARE SUBJECT TO TERMS AND CONDITIONS AVAILABLE ON REQUEST FROM CHT

GDPR Compliance Statement 1, 24th April 2018, Community Heartbeat Trust Charity (CHT) and Community Heartbeat Trust Solutions Ltd (CHTS)

By contacting us or asking us to contact you, you are agreeing for us to hold your details on our systems so we are able to support you and contact you in respect to any enquiries; in an emergency; for other purposes relating to the defibrillator; or for research purposes.

Details of individuals (including local WebNos contact) may be transmitted to the local Ambulance Service for their command and dispatch computer system. These details will only be accessible to the Ambulance Service, or other Statutory Agency where required. In case of defibrillator activation it is necessary for the Ambulance Service to report such instances, make contact with the local caretaker, and ensure that equipment is made fully operational after use.

If delivery details have been passed to a supplier, or courier company they will be required to delete your data after delivery unless needed for repeat deliveries.

You have a right to request viewing any information that we hold on you. All data will be held for historical purposes for a minimum of 20 years. CHT is registered with the Information Commissioners Office (ICO) for holding of this information. Data held by CHT will not be passed to any 3rd party marketing organisation.