FO.

William Powell
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Our ref: CP/HT

2nd August, 2013

Dear William

Re: Automated External Defibrillators

In principle the provision of AED's could be positive but there are particular issues to be addressed which have on-going implications.

Attached is a paper produced by our Force Medical Advisor Dr Judge for previous consideration undertaken. This might help in your deliberations.

Kind Regards

Yours sincerely

H Taylor

Christine Price on behalf of the Chief Constable
Occupational Health and Welfare Manager
Occupational Health Unit
Gwent Police.

Guidelines for consideration of provision of Automatic External Defibrillators (AED)

What is an AED?

An automatic external defibrillator is a device which enables the general public to attempt to restart a heart after a cardiac arrest. They are "foolproof" as the device has a computer programme which will read the heart rhythm and will only discharge (automatically) if it is correct to use a shock in that set of circumstances. They are being introduced into community settings more frequently and **may** be positive in terms of preventing avoidable deaths.

Should we install them?

At present there is no statutory legal requirement under English and Welsh law to provide a defibrillator, but liability may arise under common law for failure to take adequate safeguards to protect the public present at a facility (Management of Health and Safety in the Workplace).

The risk of a member of the public sustaining a cardiac arrest at any given facility can reasonably be balanced against the cost of purchase, installation, and maintenance of AEDs, and of initial and on-going training of staff to use the devices.

There will be a need to undertake a **risk assessment** to determine the need for AED's. This assessment should include the following factors

- The frequency of cardiac arrest at the site. The Resuscitation Council guidelines indicate that if the frequency is 1 arrest every 2 years then evidence supports the use of AEDs.
- The time between call out of an ambulance and it's arrival. If this is greater than 5 minutes then AED's are supported. In the UK this (for practical purposes) means almost all areas. In Wales the ambulance service is achieving arrival at cardiac arrest within 4 minutes for only 20-25% of calls (*Annual report of the Welsh Ambulance Service*).
- The time from collapse of a victim till the on-site AED arrives is less than 5 minutes. In remote areas it may not be practical to provide AEDs even though the ambulance call out time is extended.
- The overall risk of the various sites e.g gyms and leisure centres have a higher risk of experiencing a cardiac arrest
- The population being served taking into account age and other social demographics. Working populations have a better health profile than the general population which reduces the likelihood of cardiac arrest episodes.

Other factors that will have to be considered in deciding on the use of AEDs include

- Training. There will be a commitment to training both initially and ongoing. Any training must comply with the guidelines of the Resuscitation Council UK.

- Cost of AEDs. This will include the initial cost (about £1000 per unit) and the ongoing maintenance (calibration, servicing, batteries etc).
- Routine upkeep of the AEDs. They must be kept available, fully charged and with appropriately trained people available to administer treatment with them at all times.
- Selection of individuals trained in the use of AEDs and their distribution in the community
- Management of the system. Medical advice is recommended to oversee the system.
- Development of a Policy for the use of AEDs in the community which will need to be reviewed annually or if any changes occur in the guidelines from the Resuscitation Council UK.
- Legal implications. Legal action may ensue following the use of AEDs and compensation sought. A person who attempts resuscitation will only be liable for damages if negligent intervention directly causes injury which would not otherwise have occurred or if it exacerbates an injury. If circumstances arise whereby without resuscitation the casualty would almost certainly die, the risk of incurring such liability is extremely small. If, however, a resuscitation procedure is carried out negligently and a consequential injury can be proved to have arisen from that negligent procedure, a rescuer may be held liable for substantial damages if the standard of care he employed fell below that which could be expected of him in the given circumstances. This applies whether he is a health-care professional, a non-professional volunteer first-aider or simply an unskilled member of the general public.
  It is possible that if a rescuer performs a procedure negligently others may, additionally or alternatively, be pursued for damages in respect of the injuries that the casualty suffers. In this context there is a potential liability for those who train rescuers in resuscitation techniques, those who provide or maintain resuscitation equipment and those who administer the system under which rescuers operate.

Dr Jo Judge
May 2009