

Defibrillator Report Annual Parish Meeting 2024

Background

The Defibrillator owned by KPC was initially procured in 2016 by the then cllr Heidi Finbow for the village, and countrywide campaigns are pushing for these devices to be widely available.

Obligations are now greater under the more rigorous legislation introduced on January 1st 2021. For example, evidence of checks and good governance is required, understanding how it works and what to do in the event of needing it including:

- the governance necessary to meet the various legislative requirements; and
- training that will give people the skills and confidence to use it.

Day to day management of the device

Having an incompletely managed defibrillator has the potential to cause more and serious difficulties than not having one at all. CHT's support service is tremendous, we feel it is excellent value, and advice at the end of the phone. At £130.00pa it takes a load off our volunteers and provides in that price:

- All electrode replacements (adult) both time expired and post rescue;
- Replacement rescue kits;
- Annual compliance checks on the defibrillator and cabinet;
- A loan defibrillator if our one was out of action for more than three days, and courier fees back to base of our one;
- Rescue data downloading and software upgrades, but not PAT electrical checks; and
- A 'seek and find service' if our device were to be taken away with an ambulance.
- WebNos (free), the UK's most comprehensive management tool for keeping track of all aspects of governance for defibrillators. Checks on the defibrillator can be submitted on a phone to the National Defibrillator Database-NDDb, which maintains the record and generates reports available to the ambulance service.
- The Clerk (SF) is the scheme Manager, Cllr RB is taking over the Checking schedule for the critical team of weekly checkers, including JM and JD and PW who is due to relinquish this role and we thank them for all their diligence in this role. The device currently has a unique code to open the cabinet - C and KET, which works out at **C538**.

Training

There can be a lack of confidence in the use of the defibrillator and waiting for an ambulance in Kettleburgh may take 45 minutes, a catastrophic time lapse. CPR must start asap to give the patient a chance of survival. KPC facilitated a training session here in 2021, and we have just held one jointly with Letheringham PC, meaning we could halve the cost (from £200- £100) and offer it to two parishes. It is hoped to continue to provide these sessions maybe bi-annually to ensure new residents and those wishing to refresh their competence can attend and keep up with new devices and clinical advice. Also must bear in mind that an event requiring a defibrillator may not be when you are at home, and you might need to use a device you have never seen before-confidence to get it going asap is vital. CHT has training videos and NHS Defibrillator Awareness Films on its website available to watch anytime - a great resource. Providing initial professional training and ongoing revision is a requirement for public liability insurance.

New Device

The current device was procured in 2016, and while it still meets all the regular data checks, it is now out of warranty. It has a new battery and will continue to function, but KPC believe now is the time to seek a replacement. A new device will be simpler to use but clinically and technically up to date. New devices have screens that show

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exactly what you should do, automatically adjust for a child or adult, and has the voice guidance as well. Just think what a mobile phone was like back then-although it did what you needed it to do.

I have also discovered the cabinet no longer meets current legislation, so new; cabinet, defibrillator device and signage will need to be sourced. We are likely to obtain this from the CHT, as they constantly seek best value and work very closely with the ambulance service. Quotes now are around the £1600 mark, and I am looking for grant funding to support. We also must be mindful that members of the public may be directed here by the ambulance control if their nearest one is not available. So, with that in mind I am talking with the Village Hall Committee to see if the lighting and signage can be considered for those circumstances. (Always ring 999 first)

Poor mobile signal

The defibrillator site has variable mobile signal across networks and from day to day. CHT has permission from BT to install Emergency 999 phones into telephone boxes where the original equipment has been removed. But such devices can be installed anywhere and are often sited near the defibrillator. You can find more information at [999 PHONES | Community Heartbeat Trust](#).

Volunteer Emergency Telephone System - V.E.T.S

A third of lone rescuers are spread out in community situations so getting help to them quickly is critical. VETS is a community-run system and enables up to 10 "good neighbours" to assist by collecting the defibrillator and taking it to the patient address pending the arrival of emergency services - [V.E.T.S | Community Heartbeat Trust](#). A local number is used as a single point of contact using "Hunting-Group" technology to ring all volunteers simultaneously. This is critical in getting the defibrillator to the patient when the ambulance service can then give advice in its use. Some communities have adapted this into their Good Neighbour scheme.

It does not necessarily mean you will be required to do the CPR-of course if you feel able to it is a great advantage. But do be clear, any support in such a situation is very valuable; standing in the drive directing ambulance parking, making tea, keeping the dog in the kitchen safe, answering the numerous phone calls, an extra mobile phone can be helpful as usually one phone is occupied by the ambulance instructing the rescuer.

Counselling

Attending a rescue and helping with an emergency can be rewarding. But depending on circumstances it can also be stressful and upsetting and the rescuer may need to talk their experience through with someone understanding. Communities have a 'duty of care' to anyone helping in a rescue and must provide access to 'post event' counselling services if required.

While GPs and the Samaritans offer support, the CHT has a dedicated service available to its member communities -. It provides a single number contact for a counsellor who will call at a time convenient to the person, initially for an hour. The service is confidential and is run by an independent group of trained trauma counsellors on behalf of CHT. If required a follow up private arrangement can be made with the counsellor involved, but CHT is not involved in this.

Nobody wants to find themselves in this situation-but it is helpful to have thought it through just in case.