Un Llais Cymru

One Voice Wales

Community and Public Access Defibrillator Guidance

Contents:

The term patient is used herein for any individual who has suffered an Out of Hospital Cardiac Arrest requiring resuscitation, transfer, treatment and rehabilitation by NHS services within Wales.

1. Introduction

In the UK 60,000 people a year will suffer an Out of Hospital Cardiac Arrest *OHCA* (where the heart stops suddenly) and in Wales it is estimated this accounts for around 6,000 cases a year. With an overall UK survival rate below 10% and a reported survivorship in Wales lower than 5%, the community response to OHCA remains a major public health concern (Wales Cardiac Network 2016, British Heart Foundation *BHF* 2017, Welsh Government *WG* 2017, WG 2018, Resuscitation Council UK *RCUK* 2021, Save a Life Cymru *SaLC* 2022).

What is a cardiac arrest?

Once the heart stops, the patient will suddenly collapse and will quickly become unconscious. In the first few seconds their breathing may look and sound abnormal - they may be gasping for air, snoring or may have even already stopped breathing completely. Outside of hospital, it is estimated that between 80-90% of OHCA patients will initially present with a loss of a pulse due to a chaotic disorganised electrical heart rhythm such as Ventricular Fibrillation (VF). The most common cause of this rhythm is usually a "heart attack" which is a coronary thrombosis (clot) or spasm arising from underlying coronary heart disease. If undertaken quickly, VF can often be terminated by *de*fibrillation and a normal heart-beat can be restored (Engdahl et al. 2001, Resuscitation Council UK *RCUK* and BHF 2013, Welsh Ambulance Services NHS Trust *WAST* 2023).

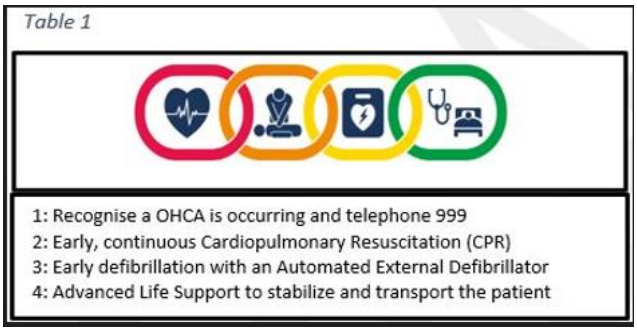
Other causes of OHCA includes choking, severe bleeding, drowning, electrocution and sepsis (an overwhelming response to an infection). Not all OHCA incidents will lead to a shockable rhythm and these usually result in lower survival rates. VF also deteriorates quickly to a

state where the "shocks" from the Automated External Defibrillator (AED) will no longer work.
Lack of oxygen also quickly leads to brain damage in all causes of OHCA.

The Chain of Survival

Within the Chain of survival concept (Table 1.) each rapidly instigated link is essential to try and obtain a return of a normal heart rhythm (bringing back the pulse) as soon as possible. The sooner the ambulance service is called via 999, Cardio-Pulmonary Resuscitation (CPR) is commenced and the sooner an AED is used, the more likely it is the patient will survive. Survival rates are said to deteriorate 10% every 60 seconds whilst waiting for a defibrillator (Ornato 2000, Mosesso et al. 2009, Neilsen et al. (2012), RCUK and BHF 2013, WG 2017, RCUK 2021, SaLC 2022, WAST 2023).

Table 1



What does a Defibrillator do?

Since the 1950's defibrillator technology has evolved from large manually-operated machines (found only in hospitals) to portable AEDs which have been developed for anyone to use (Andre et al. 2004, Abella et al. 2007, Andre et al. 2009, RCUK and BHF 2013, WAST 2023).
AEDs have an internal rhythm recognition component that recommends if a high energy "shock" needs to be delivered through to the heart. An algorithmically driven, pre-recorded voice prompt (with visual displays) show the bystander what to do next. Once the unit is opened/turned on, rapid analysis of the heart rhythm is facilitated by preparing the chest and applying self-adhesive electrode pads to the recommended areas around the heart. The AED will then verbally advise if a shock is required or not. The shock button will

flash and alarm until pressed. Bystanders should be warned to "*STAND CLEAR!*" - this is also voice prompted by the AED.
The AED has therefore been described as the single most important development in the treatment of OHCA and in the last 30 years with many AEDs now installed in public places for immediate deployment before an ambulance arrives. In 2015 the RCUK incorporated AED deployment as part of the Basic Life Support (CPR) guidelines (RCUK and BHF 2013, WG 2017, WAST 2023).

Software downloads are available within the memory of each AED and may be invaluable to doctors with regard to the patients post resuscitation patient management or for Coroner's enquiries.

The RCUK (2021) guidance for AED use is enclosed in Appendix 1.

The national management of community defibrillators

In 2017 the Welsh Government published the OHCA plan for Wales (WG 2017). To assist with the implementation of this plan, the organisation Save a life Cymru *(SaLC)* was launched as part of NHS Wales in October 2018. There are now five full-time SaLC Community Coordinators employed across Wales. Since 2021 the Welsh Government has also provided £1million in AED donations for across Wales.
Non-health service community AED provision includes the public sector, private corporations, the third sector and even individual citizens installing them outside their own homes.

Since early 2020 the BHF entered partnership with the UK Ambulance Services and the RCUK to provide a free national defibrillator network (NDN) known as *The Circuit* https://www.thecircuit.uk/.
This is available for PADs *guardians* to register for free and administer their site/s. As long as it remains logged as *Emergency Ready* the AED will be immediately available for a 999-call taker to dispatch to any nearby OHCA within 500 meters.
All registered AEDs are viewable via post-code search on the website: https://www.defibfinder.uk/

Despite the fact there are over 7500 community defibrillators and PADs now registered across Wales, less than 5% are used during an OHCA (WAST 2023).

2. Scope of guidance

As OVW is a membership organisation at the heart of Welsh communities, this governance guidance is an important document towards assisting NHS Wales in saving lives.
To improve OHCA survival rates, communities should work alongside NHS organisations to:
i) improve CPR literacy amongst the public
ii) iii) improve awareness, increasing apparent low AED usage during OHCAs
iv) assist in dispelling myths around CPR and AED use. This includes unfounded fears of litigation, "training" requirements and ongoing financial requirements.

These issues may be compounded by the fact that unlike first aid, river rescue equipment and fire extinguishers there is currently no legal requirement to provide AEDs in the UK. This is despite the fact death by drowning and fire is far less common than OHCA (Hill 2014, RCUK 2015, National Assembly for Wales: Petitions Committee 2015, WG 2017, BHF 2023).

For these reasons OVW takes the responsibility to work closely with SaLC seriously, recognising that Town and Community Councils already provide pivotal support with community AED provision.

The 10 key priorities are:

i) Ensuring the membership understands their ethical/moral, legal and professional responsibilities
ii) Ensuring OVW members have access to SaLC information in relation to regular updates
iii) Works with SaLC to update this document when appropriate
iv) Raise awareness of Community AEDs, especially Public Access Defibrillator sites (PADs) within the membership remit
v) Where appropriate work with SaLC and other recommended partners (including third sector) to collaborate on funding for equipment. This includes on-costs, such as consumables
vi) Ensuring that Town and Community Council sites remain online for 999 dispatches during nearby OHCAs – this may require adoption of abandoned or *orphaned* sites with the assistance of the SaLC team
vii) To encourage those who are planning a PAD site to follow manufacturer and SaLC guidance on the purchase, maintenance and reporting arrangements (using the national *Circuit* database)
viii) Where appropriate work with SaLC coordinators and designated trusted partners to organise Community CPR/AED awareness sessions
ix) Where appropriate assist SaLC coordinators to sign-post individuals or groups for post–incident psychological support
x) Where appropriate work with community groups and SaLC to develop teams of BLSi (CPR instructors) across Wales.

3. Legal and Ethical considerations

There have been no reported cases of an organisation or individual being successfully sued for providing unsuccessful CPR or AED attempts. In addition, whilst an injury caused during resuscitation could be claimed ("battery"), the risk of death from an OHCA far outweighs the risk of injury (RCUK & BHF 2013, Titmarsh 2014, RCUK 2018, 2021).

During operational hours any medical incident that occurs on premises used for OVW or membership business, will require an appropriate medical response under Health and Safety law (*First aid at work act 1981*). Therefore, risk assessments should be undertaken with those responsible for the site related to this provision. Examples include events in hotels and conference centres. Even where incidents occur outside council premises boundaries, it could be argued an ethical/humanitarian duty of care exists, even if a legal duty of care does exist.

The membership is also reminded of obligations under confidentiality and GDPR laws. This includes multi-media and public relations activity, including press enquiries, publications and personal online posts. This includes the publication and/or acceptance of unscientific and medically inaccurate guidance. If in doubt, SaLC should be consulted for the latest guidance and advice.
The publication and/or sharing of personally identifiable information which incident locations where a patient maybe identified by others is prohibited.

4. Purchase of AEDs:

There are a wide range of AEDs available for purchase within a variety of price ranges and through a variety of organisations. SaLC now has a coordinated approach to recommending (scoring) the equipment for PAD sites. This comprehensive guidance document *"Assessment of defibrillators and cabinets by Save a life Cymru (SaLC) undertaken on behalf of the Welsh community"* is available by emailing: SaveALifeCymru@wales.nhs.uk.
The production of this document met the usual NHS Wales procurement standards and scrutiny. The regional SaLC community coordinators are available to offer support and advice in these matters. This includes where services and products are offered via unsolicited sales calls and emails.

5. Placement of AEDs and service provision:

The RCUK (2015) published a risk assessment matrix to assess the need for a community area to have an AED to manage an OHCA. However, they acknowledge the evidence base needs to improve to provide more robust advice and the research is ongoing.
Current recommendations include:

- Areas of higher risk / higher numbers of incidents (transport hubs, sports stadia, factories)
- High foot-fall areas (shopping centres, beauty spots)
- Remote areas (including all of the above especially if long distances from receiving hospital sites).

Research is also focusing on areas of social deprivation as there is evidence that PADs have become focused in more affluent areas with a lower incidence of OHCA with lower residential population density (Jorgenson et al. 2003, Brown et al. 2022). OVW recommends membership councils strongly consider such strategic geo-spatial

placements 250-500 meters from the next (24/7) public site using the *Defibfinder* website:
https://www.defibfinder.uk/

OVW also appreciates that there may be other important considerations especially if it's difficult to leave and obtain the nearest PAD. Such examples are (gated) schools or difficult to reach places such as a single town/village which is separated by a river or major road.

6. Cabinets:

Locked cabinets have the potential for risk to patient safety if the AED cannot be immediately accessed. Conversely, a stolen or vandalised AED potentially poses a longer-term risk (The Sentinel 2015).
In a statement the RCUK and BHF (2015) have suggested that cabinets purchased should be risk assessed in relation to locked / unlocked cabinet doors. Local services should involve SaLC community coordinators and local crime prevention officers to assess the risk of theft or vandalism.
This has to be balanced by anecdotal fears of potential PAD site volunteers. Such theft / vandalism can deter organisations from adopting such equipment, especially where the finance of the equipment has been obtained by community fundraising efforts (RCUK and BHF 2015, The Sentinel 2015, Belfast Telegraph 2016, Yarwood 2016, Blackwood Town Council 2019).

Due to these dilemmas, OVW recommends that in the first instance the implementation of PADs are located where staff are available 24/7. This includes nursing/residential homes, certain supermarkets, or petrol stations.
Where such locations are not available, a local risk assessment for (externally mounted) un-coded/coded cabinets should be undertaken. This includes establishing building ownership and that the proposed site is not a listed building. Other considerations include local knowledge of footfall and crime/vandalism rates in the area.
Where local concerns exist an (externally mounted) coded cabinet should be considered. All AEDs MUST be registered with the *Circuit* so the 999 Call taker can supply the cabinet door unlock code to a caller.

To enable regular *Circuit* checks, any internal personnel in those organisations/premises must also have free access to the code for the cabinet door. The code should not be shared widely or written down/displayed in public view for obvious reasons.

All AEDs have standalone batteries and do not need to be plugged in. The external (wall-mounted) cabinets that house them, must be electrically powered to provide internal lighting and heating.
This prevents damp/mould damage to the AED and keeps the equipment within operational temperatures. They should be sited according to manufacturer's instructions by a suitably qualified electrician with the following in mind:

- Suitable lighting in the immediate area
- Non-slip areas underfoot in the immediate area
- Prevention of water damage
  (cabinet away from broken guttering)
- Away from door/windows openings and obstructions
- Near to external electrical supply (or wired through the wall)
- Nearby active CCTV, where available.

SaLC community coordinators can put interested parties in touch with councils in Wales who have successfully utilised disused telephone boxes and lamp-posts as cabinet locations.
Emerging evidence from across Wales demonstrates that there is a relatively low risk of vandalism and theft of such devices (Starling et al 2024).

Internal cabinets

The purchase of internal (wall-mounted) uncoded cabinets could be considered unnecessary. This is compared to simple wall brackets or hooks by which AED carry-case can hang. Most internal cabinets do have a door-alarm, which provides reassurance in some buildings.

7. The Circuit

Type of registration:

- *A Public Access Defibrillators with 24-7 staffing:* A nursing/residential home, a 24-hour petrol station or fast-food restaurant, a gym, someone's home (in a porch or barn). Cabinets are often not required as they are kept in reception or near first aid kit, in first aid room or on a resuscitation trolley Or
- *Public Access 24-7:* External wall mounted (via coded or un-coded cabinets). The lock code will be given out by 999 Call-taker from the *Circuit* registry once a nearby OHCA has been identified
- *Limited access:* A PAD site that is available at certain times during normal operational hours - with staff present (schools, a GP or dental practice, council offices, shops etc.)
- *Restricted access:* Registered for internal dispatch in case of internal cardiac arrest (but not for **any** public access). Registration is still important as 999 call-takers will always advise the nearest *registered AED* within 500m – Staff MUST be aware of this as they may be asked to leave the premises for the nearest *emergency ready* PADs – *this can cause confusion at a time of crisis.* Notes can be added to include this information when registering on the Circuit.
  Action plans must be drawn up in case of coincidental external requests regardless of the restricted access status.

OVW recommends that the membership adheres to WAST and SaLC guidance: <u>Every</u> community defibrillator is registered on the Circuit (regardless of the availability).

8. Guardians: Circuit registration

Robust on (or near) site community defibrillator guardianship is essential to help improve survival from OHCA in Wales. Since the implementation of the *Circuit*, ongoing anecdotal and experiential evidence has emerged where everyone thinks someone else has taken responsibility. It is therefore recommended that least one, named guardian (with an active email address) must be confirmed prior to the purchase of a community AED. This is regardless of its planned availability on the *Circuit*.

Lone guardianship still poses problems due to changes in personal availability such as leaving their current post, long term sickness and maternity/paternity leave. In most cases, handing over *Circuit* responsibilities is the least of that individual's priorities and may not even be possible following the permanent absence of the guardian. If there is no guardian multiple 90-day (email) alerts will not be acknowledged, actioned and the *Circuit* will not be updated, this will lead to the site becoming *orphaned* and inactive (offline).
To avoid this, where-ever possible a relevant group email for the AEDs/PADs can be established with log-in and password access given to several named people. The *Circuit* alerts can then automatically be forwarded to these individuals at once.

Several councils have successfully written *Lead* guardianship responsibilities into job descriptions for example, the Clerk. Another example is formal delegation to those also responsible for arranging the periodical checking of existing fire-fighting equipment and first aid supplies.

On-site checks and *Circuit* updates usually take less than 5 minutes. *For this reason, the use of public funding towards external third-party PAD/AED checks, needs to be carefully debated at local level. These are often commercial ventures.*

It is recommended that PADs management should be periodically discussed as an agenda item during planned council meetings. The SaLC community coordinators are available for support and advise and can be invited to relevant meetings.

9. Guardians: Checks and maintenance of community AEDs

PAD site guardians must accept responsibility for checking and maintaining equipment in line with the 90-day *Circuit* alert email reminders:

- Simple ID labels often assist with AED return - this should be placed in view, on the main body of the AED
  (These should not be placed on removable lids or carry-cases in case their loss).
  (Any AED loss is immediately reported to the Police on 101 and the incident number logged. SaLC area coordinators should also be contacted and incident number passed on).
- AED with *Emergency Ready* displays highlighted are noted
- Other consumables visually checked and must include:
  A set of (in-date) and attached AED pads,
  A disposable razor (for excessive chest hair),
  A dry wipe cloth (for wet skin),
  A pair of "tuff-cut" paramedic scissors (for clothing),
  A pair of examination (non-latex) gloves,
  A protective mouth to mouth face shield,
  Optional (depending on site): paediatric AED pads
- Named contact and email address of the local *Guardian* (this is also necessary for consumables re-supply, incident follow up, product updates, re-calls etc.)
- To keep it *emergency ready* the *Circuit* should always be updated online straight after the checks – some guardians may also wish to use a simple check sheet that can be kept with the AED or in the cabinet (Appendix 2).
- AEDs perform self checks so do not need to be activated to check them.

AEDs are designed to alert if there is a problem and manufacturer guidance should be followed in such instances.

Manufacturers will be able to run logistical analysis to establish if their storage and maintenance recommendations have been followed.

The maintenance of donated or part funded equipment is NOT the responsibility of WAST/SaLC, or any other NHS Wales staff groups including local health-boards (*unless* it is a site operated by them).

10. Consumables

An AED deployment will immediately lead to it being taken off-line by WAST (until checked). It also triggers an email to the Guardian. It will not appear as *emergency ready* again until it has been checked and the *Circuit* updated.

Defib-pads expiry dates AND *emergency ready* checks must also be routinely documented via regular *Circuit* emails and updated. Failure to do this on more than one occasion will render the site *unavailable* on the *Circuit* for 999 calls by WAST.
Prolonged periods offline with no valid reason may potentially put patients at risk.

OVW does not recommend the purchase of previously owned AEDs. Fake pads and batteries can also be found online. Some charities in Wales are willing to donate previously pre-owned AEDs from sites that donated them back. Advice can be sought from SaLC community coordinators with regard to lost/broken AEDs (for a temporary replacement if available). If a warranty exits the manufacturer should also be contacted for support immediately and the AED sent back to them.

SaLC community coordinators can also advise on the donation or purchase of pads and batteries. Neither NHS Wales nor charitable funding can guarantee funding before yearly financial budgets are reviewed. Financial planning must take place with community AED owners with regard to on-cost consumable replacements. Caution is advised with regard to unsolicited emails in relation to re-supply of consumables or servicing of the AED.
YouTube provides useful resources from each manufacturer with regard to changing pads and batteries for each type of unit.

After use, AED pads must be changed and disposed of as hygiene waste. New AED pads are inserted and the unit should be re-set by

turning it on and off again. Failure to do this renders it in-active and it will continue to alert, draining the battery. SaLC community coordinators can advise by phone where needed. The authorised company representatives (from the manufacturers) are usually very helpful.

Sending lithium batteries (used for AEDs) via Royal Mail postage is prohibited.

11. Signage

OVW only recommends the current AED signage from the RCUK (2017) and it should be prominently displayed in and around the PADs or AED location (Appendix 3). As with printed lists and spreadsheets, placing such signage around the community can also lead to a false sense of security. That particular AED may be "offline" on the *Circuit* if a member of the public follows the signage during an emergency.

OVW discourages the production of hard-copies of online databases or lists to inform on PAD site or AED locations. These may be out of date as soon as they are produced, for example, the AED could just have been deployed or even stolen.

Careful consideration is advised over the use of paid-for subscription databases. These are unnecessary and are considered a clinical risk. Currently, only the BHF Circuit or Defibfinder should be used and both are freely available online 24/7. Only these offer a live status report in relation to every registered community AED in the UK. These are also the only sites that are directly linked to the UK Ambulance Services dispatch desks for immediate 999 deployment (or not).
These sites are recognised by NHS Wales, NHS, St John and the RCUK.

12. Paediatrics

The incidence of OHCA in children that require defibrillation is very low but can occur. Additionally, the *Circuit* logs the availability of "paediatric pads" at registration. AEDs will only be dispatched to a nearby paediatric incident if paediatric pads are displayed as available -and in-date- on the *Circuit.*

If using an AED on a child less than 8 years, an attenuated shock energy should be used (if possible) with the appropriate AED pads. Therefore, if AEDs are to be purchased where there is a high population of children present, a suitable device/pads should be provided with awareness raising on its use. Examples include primary schools, community hall parties, leisure centres and play areas.

With regards to the *less than one year age group* the use of an AED is acceptable if no other option is available. On the balance of probability, it is better to give a shock if advised to do so by the AED. The upper safe limit for shocks in the under one year age group is unknown (RCUK 2021).

13. Responsibilities

- Town and Community Councils (including One Voice Wales)
- (Paid/unpaid) staff responsible for the maintenance of their competence in line with their job description
- WAST
- SaLC
- SaLC Research Hub – Cardiff Metropolitan University
- National SaLC community coordinators (*PADs Officers*)
- Police forces across Wales
- Fire & rescue services across Wales
- Other designated emergency services (including voluntary sector), RNLI, River, Mountain and Cave Rescue
- Unitary authorities
- All other organisations, services, businesses, agencies and charities as appropriate.

In collaboration with One Voice Wales, the National Clinical Lead (SaLC) and the Cardiff Met. SaLC Research Hub should review these guidelines every 3 years.

14. Formal training provision and community awareness sessions

Skills and competency training is not essential to be able to use an AED because the 999-call taker's give verbal instructions to the caller/s This is coupled with the built in electronic visual and voice prompts given by the AED (RCUK 2015, 2019).

At present OVW training is rarely provided in community centres but in such cases a risk assessment should be included if a first aider is present or if the trainer bears responsibility.
During an incident it is recommended that an experienced member of staff or suitably qualified person (first aider) is summoned to at least risk assess and attend the incident and where needed to call the appropriate emergency service/s. Any care that is given should be within their sphere of competence and in most cases this will just require Basic First Aid (in this case CPR and AED).
For this reason, it is appropriate for the OVW members to carefully assess the training needs of staff. Appropriate training needs can be discussed with SaLC community coordinators and by undertaking the Health and Safety Executive assessment at:
First aid in work: Assess your first aid needs - HSE

The *over-training* of staff on unnecessary 3-day courses also has obvious cost implications. Usually a basic first aid or "appointed person" (1 day course) will suffice. Any formal (certificated) training provider must reassure member/s that AED use is incorporated into the CPR training element. SaLC can also advise on recommended providers across Wales.

It is the recommendation of the RCUK (2015, 2019) that all such training meets the educational and skills standards laid out by the current guidelines (Appendix 1). Each trainer must be suitably qualified and experienced in AED use. Such training should not be carried out for OVW members by those without the experience or first aid training qualifications (Health & Safety Executive 2016). This also

includes additional training using AED training units with qualified training providers.

For most OVW members and for the public, short and informal SaLC community CPR/AED awareness sessions are sufficient. The sessions should educate on the information required/given by WAST during a 999 call for an OHCA.
Such sessions are not certificated and for this reason are not aimed at health professionals or staff, these usually usually require formal certificated BLS/AED training within their clinical areas.

The RCUK has recently developed a nationally recognised certificated Basic Life Support (CPR) Instructors (BLSi) course:
BLSi (Basic Life Support Instructor Course) | Resuscitation Council UK

OVW recommends that local funding streams are reviewed to formally train willing BLSi volunteers from within the membership. This ensures thatlocal sessions can be booked when other SaLC providers may be unavailable. This may also prove to be a more cost-effective solution than periodically funding formal "training" from providers for non-certificated community awareness sessions.
Demonstration equipment (including manikins) can be loaned from SaLC community coordinators.

Online resources

Anyone can access free online learning support such as the BHF ReviveR RevivR (bhf.org.uk) or the RCUK "Life Saver" Lifesaver learning | Resuscitation Council UK , The RCUK (2024*a*) has also released an animated awareness campaign video "*Defib Dani*" and is also available in Welsh and Urdu.

SaLC runs multiple public health campaigns across Wales. This includes TV, social-media, sports venues.

Every AED manufacturer has useful resources on their websites and via their YouTube channels.

15. Major incidents

The practical application of this guidance may also be relevant in the event of a major/serious incident where there are multiple casualties to identify near to AEDs. The emergency services are responsible for coordinating such a response.

Conversely, the inability to access such equipment has also been part of legal scrutiny and subsequent media speculation following several recent major incidents (Lady Justice Hallett 2011, BBC 2021, Meisel & Kerley 2023).

Catastrophic Haemorrhage Kits

There is currently no bleed kit registration process that is directly links these to Welsh ambulance service call takers. The responsibility for the governance, training and despatch of these bleed kits does not currently sit with ambulance services but the supplier of the bleed kit. OVW does not therefore advocate that bleed kits should be routinely placed in defib cabinets, as they could delay the process of despatching a lifesaving defibrillator or could render the defibrillator not rescue ready. It's important to note that careful consideration needs to be given re placement of bleed kits in the community and should only be performed following a scoping exercise with the support of WAST to highlight high risk areas for catastrophic bleeds. This will ensure placement will have the greatest impact when needed.

OVW would recommend that a discussion takes place with SaLC if consideration is being given by a council for the installation of bleed kits to CPAD sites, to ensure the full impact of these actions is understood.

16. Post-incident support

Anyone involved in such incidents can experience trauma or distress afterwards. It is often irrelevant whether the OHCA patient was known to them or not. This is especially important where a colleague has become the patient. However, as most OHCA occur in the home, OVW staff and members may experience such an incident in their own lives. Such individuals/staff groups will require compassionate informal, then formal support.
Such post-incident trauma can occur regardless of outcome, but clearly where the outcome is a sudden-death the need for support can be more pressing. SaLC can sign-post for formal specific OHCA support, but the individual/s should always be encouraged to contact their GP as an initial point of contact.

Patients who survive life threatening events such as OHCA, often experience post-incident trauma or survivor guilt and may also require ongoing support. Such experiences, feelings and even physical symptoms can often take time to manifest (RCUK 2024*b*).

Useful resources: Support after cardiac arrest | Resuscitation Council UK

Save a Life Cymru: SaveALifeCymru@wales.nhs.uk

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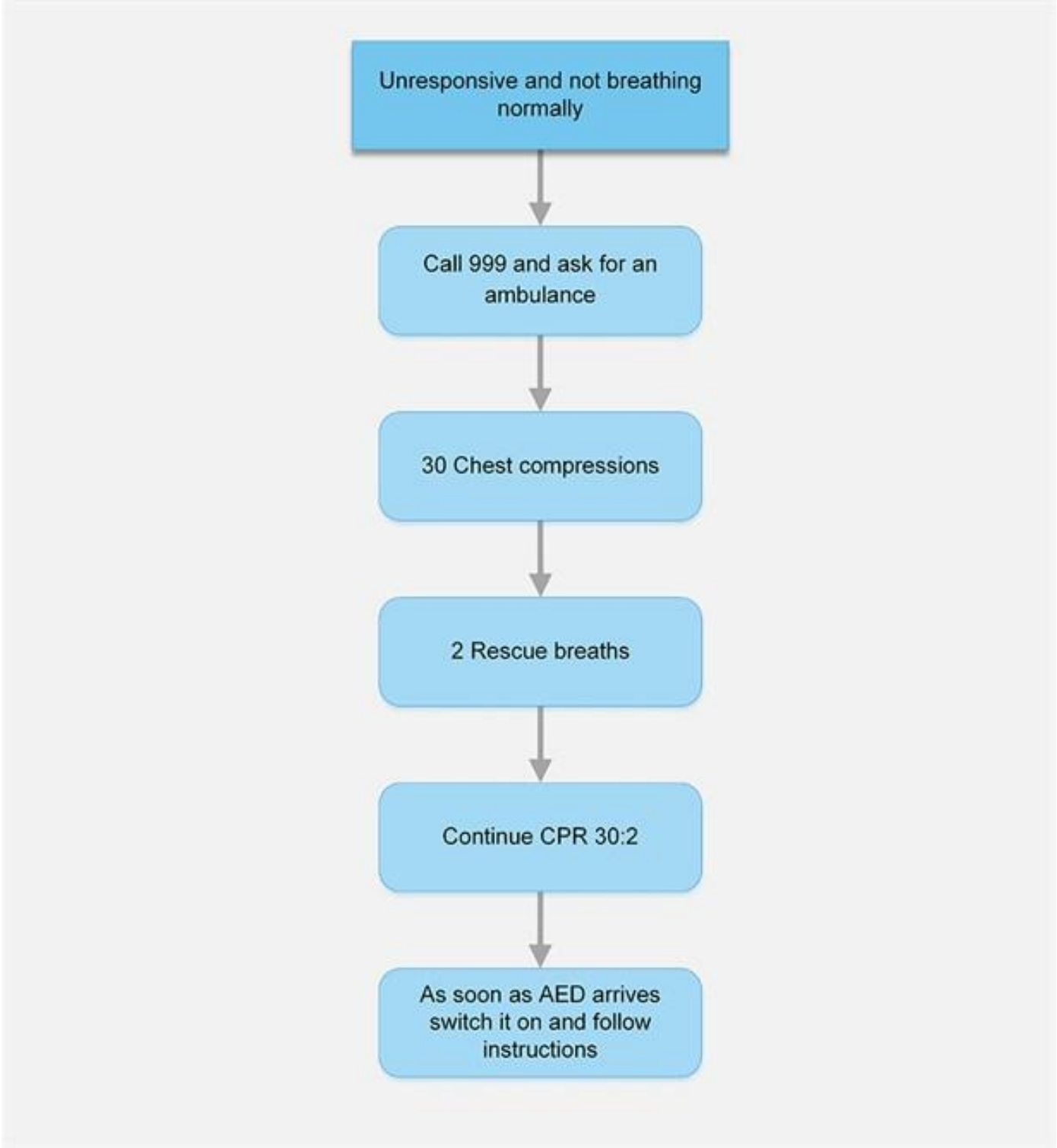
Appendix 1



Source: RCUK (2021)

Appendix 1 (Cont.)>

The use of an AED

IF AN AED ARRIVES	**Switch on the AED** • Attach the electrode pads on the victim's bare chest • If more than one rescuer is present, CPR should be continued while electrode pads are being attached to the chest • Follow the spoken/visual directions • Ensure that nobody is touching the victim while the AED is analysing the rhythm **If a shock is indicated, deliver shock** • Ensure that nobody is touching the victim • Push shock button as directed (fully automatic AEDs will deliver the shock automatically) • Immediately restart CPR at a ratio of 30:2 • Continue as directed by the voice/visual prompts **If no shock is indicated, continue CPR** • Immediately resume CPR • Continue as directed by the voice/visual prompts

Source: RCUK (2021)

Appendix 2

Community AED Equipment Check
DO NOT turn the AED on to check it

Date	Time	"Emergency Ready" Display *(3 bars, tick present, pads Icon OK, not alerting or bleeping etc)*	Pads, sealed, connected & within Expiry *i.e. 12/26*	Other Consumables* *1) Tuff-cut "Paramedic" Scissors/Shears* *2) Disposable Razor with Dry wipe* *3) Pocket Mask/Face Shield* *4) Disp. Gloves (*may all be in sealed pack)*	Signature

The Defibrillator update/reset details must be updated on the "Circuit" to keep it "Emergency Ready"

Contact for Pads/Batteries/Queries (local SaLC Coordinator) or via: SaveALifeCymru@wales.nhs.uk

Appendix 3

Source: RCUK (2017)
https://www.resus.org.uk/defibrillators/standard-sign-for-aeds/