

**SURREY COUNTY COUNCIL**

**LEADER OF THE COUNCIL**

**DATE: 10 NOVEMBER 2015**

**LEAD OFFICER: JULIE FISHER**

**SUBJECT: ACCESS TO DEFIBRILLATORS IN SURREY COUNTY COUNCIL BUILDINGS**



#### **SUMMARY OF ISSUE:**

Defibrillators have been described as the single most important determinant for survival following Sudden Cardiac Arrest (SCA).

The aspiration of Surrey County Council is to locate a public access defibrillator (PAD) in every Corporate Surrey County Council building, by prioritising the roll out based on the greatest concentration of staff.

This document outlines the benefits of access to automated external defibrillators (AEDs) and how they can be deployed across these corporate sites to help both staff and those in the wider community to help resuscitate a victim of an SCA.

#### **RECOMMENDATIONS:**

It is recommended that:

1. The Leader approves an initial capital investment of £53,000 to supply defibrillators in all Fully Serviced buildings which in total will benefit approx 4,000 staff.
2. Following these installations the Leader approves a further £155,000 between 2016 and 2017 for the roll out of defibrillators across the remainder of the 186 Corporate sites.

#### **REASON FOR RECOMMENDATIONS:**

The introduction of these units will increase the survival of victims of cardiac arrest at Corporate sites within the 11 districts of Surrey.

The Leader granted funding to Surrey Fire & Rescue Service (SFRS) to introduce 150 defibrillator units onto fire service vehicles and fire stations during last financial year as an enabler for a county wide co-responding scheme across the remainder of Corporate sites and this wider provision will safeguard this initiative.

Wider provision of public access defibrillators, together with awareness and training, will lead to recognising signs and symptoms of cardiac arrest at an earlier stage and increased confidence among staff and the public on how to use them.

<b>DETAILS:</b>
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### **Business Case**

1. Defibrillation is one crucial stage in a sequence of events that need to occur for the resuscitation of a casualty of a Sudden Cardiac Arrest (SCA). The chain of survival starts by summoning the emergency services, then providing chest compressions alternated with rescue breaths to keep the victim alive until the final stage of defibrillation.
2. Most cases of SCA are caused by an abnormality of the heart's electrical rhythm which results in the heart becoming chaotic and uncoordinated. Death is inevitable unless the condition is recognised promptly and defibrillation is undertaken.
3. The crucial determinant for survival of a casualty is the interval between the initial collapse and the use of a defibrillator to deliver a shock. While a defibrillator would be available upon the attendance of emergency services, evidence by the Resuscitation Council (UK) and British Heart Foundation shows that the single most important determinant of survival from cardiac collapse is early defibrillation. The chances of successful defibrillation decline at a rate of 7-10% with each minute of delay.
4. The strategy proposed, therefore, is to have a Public Access Defibrillator (PAD) installed at the wider Corporate sites where it may be needed so that it can be accessed quickly by someone nearby, taken to the person who has collapsed and used before the arrival of emergency services and professional help.

### **Procurement Strategy**

5. To ensure a consistent approach it is proposed to purchase the iPAD SP1 Automated External Defibrillator through Wel Medical.
6. Property intends to apply for a waiver to purchase the equipment on the evidence from South East Coast Ambulance (SECAMB) who have themselves gone through a tendering process as have SFRS. Both these services have purchased this model to support their first community responders and Property wish to match the same equipment as SECAMB for the ease of hand over of a patient.
7. Wel Medical has offered Surrey County Council (SCC) a 40% discount of the unit price which offers a significant saving on the units to be purchased. The unit price includes a full starter kit and everything needed to make the unit operational.
8. At a number of sites there may be the requirement to house the unit externally at the site to allow greater public access. This would require a separate external housing unit with a secure key pad locker, and if necessary the installation of a power source.

### **Maintenance**

9. The iPad SP1 require little to no maintenance. They come with a 10 year guarantee and the batteries have a life expectancy of 5 years which allows the units to be left unattended for long intervals. Replacement batteries are currently £100.
10. The units perform daily self tests and a warning display will appear if the unit requires attention. No charging or pad changes are required.

### Training

11. iPads are designed for use by members of the public or staff with little to no training.
12. An awareness campaign will be introduced across all the sites about the introduction of the PAD units. Corporate first aid training will be updated to include PADs awareness.
13. Instruction will be given to nominated staff at Corporate sites via a DVD provided by the Wel Medical and the British Heart Foundation. Support has also been offered by colleagues from SFRS.
14. As well as having a PADs training it is vital that staff are also made aware of basic cardio resuscitation. This basic first aid will ensure an oxygen supply to the brain and other vital organs is maintained, thus making it more likely that the heart can be re-started by defibrillation.

### Insurance/Liability

15. It is natural for staff or members of the public to be concerned about the implications for the casualty, as well as for themselves, if they administer medical intervention of any kind, including, whether they are carrying out the correct procedure, making the condition worse or incurring any personal liability or liability on behalf of the Council to provide a particular level of care.
16. However, a common duty exists to act and provide 'reasonable assistance' to those in danger or medical need, and this can extend, under implied contract, to employers in respect of their employees.
17. For someone to be held liable for their actions in trying to assist in a medical emergency, it would have to be shown that the intervention had been grossly negligent, or intentionally applied in the wrong manner, and effectively left the victim in a worse medical situation than if there had been no intervention at all. In the circumstances of a SCA it is unlikely that would arise.
18. Further, under the [Social Action, Responsibility and Heroism Act 2015](#) (SARAH Act 2015), after 13 April 2015, if facing a claim that intervention or assistance provided was negligent or in breach of a statutory duty, in determining the steps the person was required to take to meet a standard of care, it will be relevant to look at whether:
  - It occurred when acting for the benefit of society or any of its members.
  - It demonstrated a generally responsible approach towards protecting the safety or other interests of others.

- The alleged negligence or breach of statutory duty occurred when the defendant was acting heroically by intervening in an emergency to assist an individual in danger and without regard to the defendant's own safety or other interests.
19. PADs are, by their very design, intended for use by the public and by the medically untrained. The unit has inherent safety features to ensure that the unit will only discharge its shock if the victim has a heart rhythm that will lead to death if they do not receive a shock
  20. By using a PAD it is also highly unlikely to make the victim's condition worse, as without timely defibrillation, death is likely to result unless emergency services are able to attend before this occurs. The insurance position is very straightforward in that the public liability policy will indemnify anyone who administers first aid, treatment or a medical intervention. The insurance policy does recognise that we do have a number of medical interventions both routinely and as part of an emergency. There is clearly a limit as to the cover but it does recognise the use of more intrusive techniques.
  21. If a defibrillator is used in good faith in a situation that a member of staff feels merits it, any claim that might arise which alleges negligence on that person's part will be covered and dealt with by SCC's public liability policy.

#### **CONSULTATION:**

22. Establishing a PAD scheme across corporate sites has been under discussion for many years with Members. With greater concentration of staff at key Council offices and a greater number of the public present or passing through our public sites to gain services, there is a greater risk of SCA occurring.
23. Property has been consulting with SFRS since February 2015 to scope the plan of this project and have benefitted from the work they have done with SECAMB as well as their work in the local community.

#### **RISK MANAGEMENT AND IMPLICATIONS:**

24. This section details potential risks to the successful delivery of the project and the actions which would be taken to mitigate these risks.
25. **There are not enough funds available to support the project.** The costs provided above are estimates but do include a saving of over 40% per unit. In addition, by phasing the roll out of the units up to 2017 it will allow SCC to prioritise funds based on need per district.
26. **There are not enough resources to deliver the project.** Officer time has been identified to scope out the project and delivery can be phased per Directorate with Customers and Communities following on from the Corporate sites.
27. **The costs associated with the project outweigh the perceived benefits to the community.** Evidence has shown that PADs are more likely to be effectively used in places used or attended by large numbers of people. It

therefore follows and makes sense to try and have as many PADs available in all such places.

28. **Priority districts are not where SCC buildings are located.** Officers have a hot spot map of the location of existing PADs and areas of estimated numbers of cardiac arrests. The roll out of the PADS will allow as wide a spread as possible to allow rapid access to a nearby defibrillator for as many cardiac arrest victims as possible.

#### **Financial and Value for Money Implications**

29. The initial unit price per iPad is £1,294. By applying the 40% discount from Wel-Medical, the preferred supplier, this brings the unit price down to £817.00 which includes all associated equipment, warranties and start up kit.
30. An additional unit cost of £580.00 for an external cabinet and charging unit would apply at sites where units are housed on an external wall. It is assumed in the first phase five such units would be required with an investment of £2,900.
31. Wel-Medical supply iPads to SECamb for their community first responders as they are fully automatic and listed by the British Heart Foundation as a recommended product. Wel-Medical has designed an adaptor lead that is compatible with the Lifepak 1000 Defibrillator thus ensuring a smooth handover of patient care to SECamb.
32. SECamb have already taken part in a competitive tendering process and identified the iPad as the preferred choice for a Public Access Defibrillator. Through the NHS procurement framework Wel-Medical can offer the unit at a discounted rate as shown above. They have offered SCC the same discounted rate and in addition electrode pads, battery and carry case will be provided free of charge.
33. Purchasing through Wel-Medical will ensure that SCC remains compliant with SECamb governance in relation to defibrillation and enable the transition of patient care is as smooth as possible.
34. In phase one Property Services are looking to purchase 62 units for all sites within the Fully Serviced Accommodation portfolio, including County Hall. This will benefit over 4,000 staff and will be completed by the end of March 2016. With external units this will be an investment of £53,000.
35. Phase two will consist of purchasing 186 units for installation across the remainder of the operational portfolio at an investment of £155,000. This work should commence from March 2016 and be completed by 2017.

#### **Section 151 Officer Commentary**

36. The proposed capital spend is not part of the Medium Term Financial Plan (MTFP). The Section 151 officer supports the initial investment in phase one only. Further discussion is needed around phase two.

### **Legal Implications – Monitoring Officer**

37. Employers have an implied duty to act and provide reasonable assistance to employees, and visitors, in medical emergencies. In determining the appropriateness of intervention, and the standard of care given by any person, it is relevant to consider whether they are acting in response to a medical emergency.
38. While this does not require adoption of a particular device at Corporate sites, PAD devices are designed for use by the public and include safety features to ensure that their use would not harm the user or the casualty. Accordingly, it is unlikely that any liability would attach to individuals or the Council from the use of PADs.
39. In the circumstances, as they can save lives, wider provision of PADs may actually serve to reduce the likelihood of any claims of negligence or breach of statutory duty. Accordingly there are no unacceptable legal or risk implications from this.

### **Equalities and Diversity**

40. The provision of PADs at SCC sites will increase access to and confidence in using such devices for the public and members of staff. Evidence has shown this will lead to a direct increase in rates of survival from cardiac arrest. The wider social benefit will be one of greater awareness of recognising signs and symptoms of a cardiac arrest at an earlier stage.
41. If the installations of the units lead to changes in ways in which the sites are managed then Officers will consider whether it is appropriate to carry out an Equalities Impact Assessment.

### **Public Health implications**

42. PADs are most likely to be used (and used effectively) in places used or attended by large numbers of people. Cardiac arrest is more likely in certain places, such as large shopping centres and railway stations, than in others. It makes sense to ensure that all such places have PADs readily available. In other places where cardiac arrests may occur less frequently and be more widely spread out it makes sense to try to have enough PADs to allow rapid access to a nearby defibrillator for as many cardiac arrest victims as possible. PADs are an important part in the chain of survival.

### **WHAT HAPPENS NEXT:**

43. If approval is given for the investment to purchase the PADs the following actions and timescales are anticipated:
  - An approach will be made to Procurement to utilise the waiver and place an order with Wel-Medical for the purchase of the units for phase one by January 2016.
  - Prior to the PADs being delivered a full risk assessment will be conducted at each site to identify the most appropriate location for each PAD.
  - In conjunction with SFRS and SECamb a training programme will be drawn up for identified staff at each site. In addition, there will be

consultation with the SCC internal training team to review the First Aid training to include PADs.

- Discussion will be had with HR to alter the Health & Safety manual to include PADs.
- S-Net will be utilised for the publicity campaign.
- In anticipation of the phase two investment, stakeholders within Service will be approached in readiness for the roll out of PADs in the wider operational portfolio.

**Contact Officer:**

Liz Hart  
Service Delivery Manager.  
TEL: 020 8541 9883

Morag Turner  
Workplace Delivery Manager  
TEL: 020 8541 9086

**Consulted:**

- Kay Hammond, Cabinet Associate for Fire and Police Services
- Denise Le Gal, Cabinet Member for Business Services and Resident Experience
- Russell Pearson, Chief Fire Officer.
- Karen Pointer, Assistant Group Commander
- Ian Thomson, Area Commander, Emergency Service Collaborative Partnership.
- Jacky Edwards, Principal Solicitor
- Clive Pritchard, Principal Insurance Officer
- Jon Walker, Advanced Public Health Analyst
- Chris Willson , Head of Public Health Intelligence and Insight
- Kevin Kilburn, Deputy Chief Finance Officer
- Morag Turner, Workplace Delivery manager
- Helen Atkinson, Head of Public Health

**Annexes:**

None

**Sources/background papers:**

- A Guide to Automated External Defibrillators by Resuscitation Council (UK) and British Heart Foundation December 2013.
- Consensus Paper on Out-of-Hospital Cardiac Arrest in England, October 2015
- Resuscitation Council UK, Guidelines for the use of Automated Defibrillators, 2000.

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