

# REPORT TO SCRUTINY COMMITTEE

**REPORT OF: SERVICE MANAGER –ENVIRONMENTAL HEALTH**

**REPORT NO: ENV578**

**DATE: 22 JANUARY 2013**

<b>TITLE:</b>	Defibrillators and first aid provision	
<b>KEY DECISION OR POLICY FRAMEWORK PROPOSAL:</b>	N/A	
<b>PORTFOLIO HOLDER: NAME AND DESIGNATION:</b>	Councillor John Smith Healthy, Green and Arts Portfolio Holder	
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<b>INITIAL IMPACT ANALYSIS:</b>  <b>Equality and Diversity</b>	Referred to in paragraph (7) below	Full impact assessment Required:
<b>FREEDOM OF INFORMATION ACT:</b>	This report is publicly available via the Your Council and Democracy link on the Council's website: <a href="http://www.southkesteven.gov.uk">www.southkesteven.gov.uk</a>	
<b>BACKGROUND PAPERS</b>		

## **1. RECOMMENDATIONS**

- 1.1 That the Scrutiny Committee consider the possible benefits of providing defibrillation equipment at suitable locations at council owned facilities and compare this option with alternative provision that is currently available. It is recommended that no changes to the current arrangements are made.

## **2. PURPOSE OF THE REPORT**

- 2.1 To set out the background to first aid provision required by law and describe how this is met at the council.
- 2.2 To provide a background to the use of defibrillators, existing 999 arrangements and some alternative options for possible deployment across the council

## **3. DETAILS OF REPORT**

- 3.1 The requirement for first aid provision that the council has to meet is set out in The Health and Safety (First-Aid) Regulations 1981
- 3.2 Aimed at all industries, this document sets out the aspects of first aid at work regulations that employers need to address in the workplace.
- 3.3 It provides guidance on:
- managing the provision of first aid (first-aid kit, equipment, rooms etc)
  - requirements and training for first aiders
  - requirements for appointed persons
  - making employees aware of first-aid arrangements
  - first aid and the self employed
  - cases where first-aid regulations do not apply
- 3.4 The legislation suggests the following numbers of first aiders
- 0 – 50 staff = one appointed person
  - 50 – 100 staff = one first aider (with an additional first aider for every additional 100 staff) .
- 3.5 The council has arrangements in place to meet the requirements of the regulations with first aid provision both of equipment and trained staff at suitable locations. 23 trained first aid staff are distributed across the organisation (appendix 3).
- 3.6 Defibrillation equipment is not covered by nor specified within the regulations.

### Defibrillation

- 3.7 In the UK one person suffers a heart attack every two minutes on average. Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation or pulse less ventricular tachycardia. The use of CPR will help to maintain some blood and oxygen distribution. But the Resuscitation Council state that the chances of a

successful defibrillation decline at a rate of about 10% every minute. The scientific evidence to support early defibrillation is overwhelming and the delay from collapse to delivery of the first shock is the single most important determinant of survival.

- 3.8 Automated External Defibrillators (AED) have grown in use outside of hospitals and can be used by non medical persons. They are sophisticated and computerised devices that analyse the victims need for a shock. Fully automated devices are available and literature states they will not deliver a shock if this is contra-indicated.
- 3.9 Although some literature suggests that minimal or no training is required to operate AED, there are several providers of both the equipment and training to support it. It would be very understandable if untrained individuals were reluctant to use AED.
- 3.10 This reluctance to use the equipment is an issue that needs to be carefully considered when weighing the options. Even if willing volunteers can be found and training is provided it is possible that a lack of experience will delay the application of shock. It is also very possible that existing first aiders will be reluctant to accept the additional responsibility of using an AED.
- 3.11 An organisation called LIVES has been formed and covers the whole of Lincolnshire. It provides a suitable option with trained personnel experienced in the use of AED and with a target response time of 5-6 minutes. This organisation is automatically contacted when a 999 call is made and aims to be at the patient's side within 5-6 minutes and on average sooner than the emergency services. See Appendix 1.
- 3.12 It is therefore recommended that the council make no changes from the existing first aid provision which meets legal requirements and relies on persons delivering CPR making a 999 call and awaiting the arrival of LIVES / emergency medical staff to deliver a shock.

#### **4. OTHER OPTIONS CONSIDERED**

- 4.1 A further option for the committee to consider would be to provide an AED at locations where larger numbers of staff/the public are present and where there are already staff trained in basic first aid and who may be willing to take on this additional responsibility. Possible locations might be
  - SKDC offices at Grantham
  - The Depot , Alexandra Road, Grantham
  - Bourne CAP
  - Grantham Arts Centre
  - Stamford Arts Centre
- 4.2 It is understood that the leisure centres have their own arrangements via Leisure Connection and defibrillators are available at these sites.

**5. RESOURCE IMPLICATIONS**

- 5.1 If the recommendation is accepted there are no specific resource implications.
- 5.2 However if the alternative option in 4 above is adopted there will be some resource implications. Defibrillators typically cost in the region of £800 each. It is recognised that staff will require training to be confident to use the equipment. Some typical costs including training are shown in appendix 2. These costs relate to St John Ambulance but several other providers are available. Volunteers may be sought from within the group of existing first aiders but it is unknown whether they would want to accept this responsibility. It may also be necessary to recognise this additional responsibility with a payment and there will be ongoing training commitments.

**6. RISK AND MITIGATION**

- 6.1 Risk has been considered as part of this report and any specific high risks are included in the table below:

Category Risk	Action / Controls
Allegations that the administration of shock was contributory to an individual's death	Use of fully automated AED <u>only</u> and delivery by trained experienced personnel from LIVES.

**7. ISSUES ARISING FROM IMPACT ANALYSIS**

- 7.1 Not applicable

**8. CRIME AND DISORDER IMPLICATIONS**

- 8.1 Not applicable

**9. COMMENTS OF FINANCIAL SERVICES**

- 9.1 If the proposed recommendation is accepted then there will be no cost implications as a result, however if any of the options outlined in appendix 2 are chosen these will result in additional costs which are not part of the budget framework. Therefore, suitable funding will need to be identified in order to meet this.

**10. COMMENTS OF LEGAL AND DEMOCRATIC SERVICES**

- 10.1 As stated within the report The Health and Safety (First-Aid) Regulations 1981 do not place a legal obligation on the Council to introduce an Automated External Defibrillators (AED) system within Council buildings.
- 10.2 If the alternative option is preferred (i.e. the introduction of AED) then it would be advisable prior to its introduction to consider and discuss with the provider of the AED system the issue of liability and where liability may fall if the system is 'wrongly administered'. In addition we may also need to consider the issue of liability and reputation if a trained member of staff, when faced with the reality of

someone seemingly requiring shock treatment, is unable to administer the treatment, yet it is subsequently proven that if it were administered there was a real possibility that a life may have been saved. This may also impact adversely on the member of staff's health and well-being.

## **11. COMMENTS OF OTHER RELEVANT SERVICES**

11.1 Not applicable

## **12. APPENDICES:**

- Appendix 1 – LIVES details from their website
- Appendix 2 – Example costs
- Appendix 3 – First Aid at Work Guidance issued by Environmental Health to inform provision at the Council

**Appendix 1 - LIVES details from their web site**

**Lincolnshire Integrated Voluntary Emergency Service**



Living in Lincolnshire gives us many pleasures. Being surrounded by rural countryside and living in quiet communities is what we enjoy about Lincolnshire. However when someone you know needs urgent medical attention, you need to be sure of a rapid 999 emergency response. Getting there quickly can give those extra few minutes that are vital to the patient, and it could mean the difference between life and death.

LIVES Medics & First Responders are all volunteers who give up their time to respond to emergencies in their community. So when you dial 999, not only will an ambulance be mobilised, but at the same time, the LIVES Medic or Responder on call in your area will also receive notification that you need their help.

**LIVES aims to be at your side within 5-6 minutes of you making that 999 call!**



***LIVES really does help to save lives, attending over 16000 calls a year. There are over 160 Responder Groups across the county, with around 700 active Responders and Medics.***

## Appendix 2 - Example Costs

<p><b>Option 1</b></p> <ul style="list-style-type: none"><li>• Powerheart® G3 Automated External Defibrillator*</li><li>• Including wall bracket, carry case and responder kit</li><li>• Plus one person trained FREE on a scheduled four-hour AED course.</li></ul>	<p><b>£1195 plus VAT</b></p>
<p><b>Option 2</b></p> <ul style="list-style-type: none"><li>• Powerheart® G3 Automated External Defibrillator*</li><li>• Including wall bracket, carry case and responder kit</li><li>• Plus up to eight people trained on a two-hour <a href="#">AED Regualification course</a>.</li></ul> <p><i>Previous four-hour AED training required. For groups larger than eight people call us to discuss options.</i></p>	<p><b>£1495 plus VAT</b></p>
<p><b>Option 3</b></p> <ul style="list-style-type: none"><li>• Powerheart® G3 Automated External Defibrillator*</li><li>• Including wall bracket, carry case and responder kit</li><li>• Plus up to eight people trained on a comprehensive four-hour AED course.</li></ul> <p><i>For groups larger than eight people, call us to discuss options.</i></p>	<p><b>£1695 plus VAT</b></p>

## **Appendix 3 - First Aid at Work Guidance issued by Environmental Health to inform provision at the Council**

# **FIRST AID AT WORK**

### **General**

Under The Health and Safety (First Aid) Regulations the Council as an employer is required to make provision for first-aid. First-aid means “in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.” First aid at work covers the arrangements that need to be made to ensure this happens, that is the initial management of any injury or illness suffered at work.

### **First-aid Personnel**

The work of the Council within its premises is categorised as of lower risk rating due to the nature of the work activity being in the main office type activity including the public as visitors. Staff, in the main, work from premises which are centrally located with easy access to emergency services. It is imperative that staff selected to carry out this function are primarily office based and ideally full time. It is also recommended that although in most cases the minimum suggested is 1 that an additional 1 is also trained to cover absences. Details of first aid provision will be displayed on health and safety notice boards which are planned as part of the duties of the H&S co-ordinators.

In accordance with the legislation the following are the numbers of first aid personnel which are suggested:

<u>Numbers of employees</u>	<u>Suggested number of first aid personnel</u>
Fewer than 50	At least 1 appointed person
50-100	At least 1 first aider
More than 100	One additional first aider for every 100 employees

### **For example:**

**Main Council Offices** - minimum 1 + 2 first aiders based on 250 staff

**Area Offices** - (incl Stamford, Bourne, Deepings, Mowbeck House, \*DWO and \*Refuse depot) – minimum 1 appointed person at each.

\*Although the workshop/maintenance aspect of the work activity carried out at these premises would categorise the activity as higher risk because of the low employee numbers involved in that activity the first aid personnel need would remain the same although it is recommended that the nominated person is not involved in the high risk activity.

**Art Centres** - (incl. Guildhall, Stamford Arts Centre and Bourne Corn Exchange) – minimum 1 appointed person at each plus 1 additional to cover out of office hours opening. When there are public activities / entertainments there may be the need for first aiders as required under a specific risk.