

**WEST OXFORDSHIRE DISTRICT COUNCIL**  
**CABINET – WEDNESDAY 15<sup>TH</sup> JANUARY 2014**  
**WEST OXFORDSHIRE DEFIBRILLATOR INITIATIVE**  
**REPORT OF THE HEAD OF LEISURE AND TOURISM**  
**(Contact: Diana Shelton Tel: (01993) 861551)**

(The decisions on this matter will be a resolution)

**I. PURPOSE**

To seek Cabinet approval for an initiative to place an auto external defibrillator (AED) in each parish in West Oxfordshire in partnership with the South Central Ambulance Service Trust

**2. RECOMMENDATION**

- (a) That the Cabinet authorises Officers to work with the South Central Ambulance Service Trust to identify locations for AEDs across West Oxfordshire and offer free training for local volunteers to become community responders to support people experiencing cardiac arrest.
- (b) That the Cabinet Member responsible for Health be authorised to allocate funding to identified parishes up to a maximum of £900 per parish for the purchasing and locating of the AEDs.

**3. BACKGROUND**

- 3.1. Access to health services will always be a major issue for rural districts. Secondary care and specialist services will always be based in general hospitals (i.e. Oxford) and it is intended that further centralisation will take place leaving community hospitals focusing on rehabilitation and 'sub-acute' beds with more people being cared for in their own homes by community and primary care staff.
- 3.2. The availability of patient transport is closely connected to the location of services closer to patients' homes and no more so than for the ambulance service who try hard to achieve realistic arrival times for rural patients to clinics and hospitals. But capacity within the ambulance service is under pressure by both waiting times for ambulances at the acute units, and the number and placing of their vehicles around the county.
- 3.3. At the same time, there is an increasing understanding of the real impact of early treatment on survival rates for those experiencing a cardiac arrest, which is major cause of mortality.
- 3.4. As Members will know, cardiac arrest means blood is not being pumped into and out of the heart as normal and this can cause lasting damage to vital body organs that need blood supply to function. This includes the heart itself, which also needs a constant blood supply. Where blood supply can be returned rapidly, the chances of good recovery from cardiac arrest increase greatly, but where blood supply is absent for longer periods, the likelihood of irreversible damage increases. Every minute without treatment following an attack reduces the chance of survival by 10%.

- 3.5. Clearly to give people the best chance of survival, the ideal scenario is for an appropriate intervention to take place, before an ambulance can arrive, that enables the arresting heart to restart and for blood to flow. The sequence should be: phoning the emergency services (999), applying cardio-pulmonary resuscitation (CPR) if possible and defibrillation before the ambulance arrives.
- 3.6. In recent years, two initiatives have developed that enable an appropriate intervention for someone experiencing cardiac arrest. Firstly, community responders have been identified and recruited in some rural areas to provide support until an ambulance arrives. These volunteers are trained in CPR and have the availability of oxygen and an AED enabling them to have the best chance of keeping blood flowing.
- 3.7. Secondly, AEDs that administer an electric shock to restart a heart, have developed to the point that they can now be operated by anyone regardless of whether they are trained or not. In fact the latest generation of machine will only administer the electric charge if it can detect an absence of any heart activity, meaning a charge cannot be given by mistake. Also they are quite safe to use on children which is a significant development.
- 3.8. Some towns and parishes, such as Chipping Norton, have already fundraised to provide an AED. They are housed within a robust box, with a code to access the box that can only be obtained from the ambulance service, who also send an ambulance to the scene as quickly as they can.
- 3.9. In order to offer residents across West Oxfordshire the best possible chance of surviving cardiac arrest, AEDs should be available across the district in easily accessible public places and local people should be given the opportunity to receive high quality CPR training at the same time.
- 3.10. Recently a donation has been received anonymously from an individual whose life was saved by a defibrillator. This individual has donated to the South Central Ambulance Trust enough funding for one defibrillator to be placed in each of 24 towns and parishes across the district. The exact location of these towns and parishes has yet to be confirmed.
- 3.11. At the same time, South Central Ambulance Trust is offering free CPR training across the district to people willing to volunteer to offer initial support to local people who become unwell.
- 3.12. The proposal in this report is that the Council seeks to ensure that there is an AED in every town and parish across the district by offering a funding contribution to town and parish council's who currently have no access to an AED, and to support volunteers by co-ordinating free training opportunities.
- 3.13. Once in place within the robust box, the on-going maintenance costs for each of the AEDs will be small and will be the responsibility of each town and parish council, with support from South Central Ambulance Trust.

#### **4. ALTERNATIVES/OPTIONS**

Members could choose not to accept the report recommendations and/or propose amendments.

## **5. FINANCIAL IMPLICATIONS**

- 5.1. Each AED costs a maximum of £1800 including the box and costs of fitting the box in a public location.
- 5.2. Across the district there are 54 towns and parishes, but 24 of these will be offered a free AED through the donation set out above. This means that the total cost of placing one AED in every town and parish would therefore be £54,000 (30 towns and parishes x £1800).
- 5.3. The recommendation is that this Council offers a 50% contribution to providing the AEDs. This would cost the Council £27,000 in total and leaves each town and parish a £900 (50%) target for their own fundraising.
- 5.4. There are some parishes and towns that have already fundraised to provide an AED. Also there are 27 areas covered by a Parish Meeting. Members could therefore resolve that in order to achieve the best possible geographical coverage, those towns and parishes that have already provided their own AED would not be part of this scheme, but their 50% contribution from the Council would be diverted to an area covered by a Parish Meeting that that is particularly isolated.
- 5.5. The Council should also work closely with town and parish councils, and the South Central Ambulance Trust to ensure as many local people as possible receive first aid training.
- 5.6. If the recommendation in this report is approved, Officers should seek external funding sources to contribute to the initiative, either to reduce the cost of the initiative or enable an increased allocation of AEDs.

## **6. RISKS**

- 6.1. The main risk in approving the recommendation is that town and parishes do not identify their 50% contribution. This will be mitigated by the Council only funding an AED where all other funding is confirmed as being in place.

## **7. REASONS**

The delivery of this scheme supports the Council Vision to maintain and enhance West Oxfordshire as one of the best places to live, work and visit in Great Britain.

Diana Shelton  
Head of Leisure and Tourism

(Author: Diana Shelton, Tel: (01993) 861551; Email: [diana.shelton@westoxon.gov.uk](mailto:diana.shelton@westoxon.gov.uk))  
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### Background Papers:

None