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Introduction

You may be thinking about, or have decided to, place an Automated External Defibrillator (AED) in your community, but you are not sure where to begin or the best way to approach and manage such a project.

Arrhythmia Alliance, The Heart Rhythm Charity, is pleased to provide you with this informational toolkit, designed as a practical guide to help you through the entire process of placing an AED in a community and to hopefully answer any questions you may have.

There is no definitive way to implement your project as each community's needs and resources will vary.

However, what all Restart The Heart (RTH) projects endeavour to do is save lives through increased and improved provision of AEDs in the community.

Aims of the Toolkit

- To provide information about sudden cardiac arrest (SCA) and AEDs
- To share best practice for Community AED Placements
- To provide a generic ‘Placement Model’ for all AED placement schemes available; offering step by step guidance and advice where applicable
- To provide a reference and ‘signposting’ resource
- To identify people and resources helpful to your project

Information Sheets – These are included within the Toolkit and are intended to provide a summary of information or to provide extra information on a specific subject. These sheets are ideal to be used as hand outs in the community.

Templates – If you would like to use these templates and adapt them to your needs please email rth@heartrhythmcharity.org.uk. We can provide you with bespoke designs and can arrange for printing and postage.

For a full list of Arrhythmia Alliance publications please email rth@heartrhythmcharity.org.uk

Notes

Please note:

Information published in this Toolkit is correct at time of print and may be subject to change.

Supplier/equipment lists and AED initiatives/schemes may not be exhaustive. Arrhythmia Alliance does not promote any make, model or supplier of AED or cabinet.

If you would like additional information or assistance with your project please email rth@heartrhythmcharity.org.uk
Arrhythmia Alliance: An introduction

Arrhythmia Alliance (A-A), The Heart Rhythm Charity, is a coalition of individuals, patients, patient groups, charities and medical, healthcare and allied professionals. These groups work together under the A-A umbrella to raise awareness and promote timely and effective diagnosis, treatment and quality of life for individuals with cardiac arrhythmias.

The A-A supports and promotes the aims and objectives of the individual groups. The charity successfully manifested itself in 2004, when it helped to push through one of the most fundamental policy issues to affect cardiology and cardiac patients. This was an extension of the National Service Framework (NSF) for Coronary Heart Disease, to include a chapter on Arrhythmias and Sudden Cardiac Death (Chapter 8).

A-A aims to:
• Raise awareness of cardiac arrhythmias
• Improve diagnosis of cardiac arrhythmias
• Improve treatment of cardiac arrhythmias
• Improve the quality of life for people living with cardiac arrhythmias
• Help patients with cardiac arrhythmias gain information about, and access to, specialist services appropriate to their clinical needs

The overall objectives of A-A include:
• To bring together member charities, healthcare professionals, commissioners and their allies
• To advance the concerns and needs of all our members
• To develop the knowledge and skills base of medical professionals and professions allied to medicine
• To cultivate multi-centre and multi-disciplinary research
• To prevent sudden cardiac death in vulnerable groups
• To promote the value and need for cardiac pacing, implantable defibrillators, catheter ablation, and other treatments for arrhythmias
• To prevent misdiagnosis in patients suffering from arrhythmia and transient loss of consciousness (T-LOC)
• To assess and quantify unmet need amongst those affected by arrhythmia
• To promote centres of excellence for arrhythmia diagnosis and treatment
• To secure better care, leading to a better quality of life, for individuals with arrhythmia

Arrhythmia Alliance offers a wide range of services including medically approved and Department of Health endorsed, literature (in the form of booklets and A4 fact sheets), a 24 hour helpline, moderated message boards, regional meetings across the UK and various projects and campaigns throughout the year.

To help raise awareness of cardiac arrhythmias and sudden cardiac death, A-A coordinates an Arrhythmia Awareness Week in June each year. During the week, A-A invites medical and allied professionals, other charities and organisations and its members to join forces and help raise awareness.
## Glossary of Terms

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<tr>
<th>Acronym</th>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>A-A</td>
<td>Arrhythmia Alliance, The Heart Rhythm Charity</td>
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<tr>
<td>AED</td>
<td>Automated External Defibrillator</td>
<td>A portable device for providing a carefully controlled electric shock designed to return the heart to a normal rhythm when in cardiac arrest</td>
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<tr>
<td>AHA</td>
<td>American Heart Association</td>
<td></td>
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<tr>
<td>Arrhythmia</td>
<td>An irregularity in the rhythm of the heartbeat</td>
<td>The heartbeat can be irregular, too fast or too slow</td>
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<tr>
<td>AS</td>
<td>Ambulance Service</td>
<td></td>
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<tr>
<td>BLS</td>
<td>Basic Life Support</td>
<td></td>
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<tr>
<td>CFR</td>
<td>Community First Responders</td>
<td>Volunteers in local communities who support their ambulance service to respond to emergency incidents</td>
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<tr>
<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
<td>A temporary measure used to continue a minimal supply of oxygen to the brain and other vital organs</td>
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<tr>
<td>Defibrillation</td>
<td>The re-establishment of the heartbeat using a controlled electric shock</td>
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<tr>
<td>Defibrillator</td>
<td>A device for providing a carefully controlled electric shock designed to return the heart to a normal rhythm</td>
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<tr>
<td>GWAS</td>
<td>Great Western Ambulance Service</td>
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<tr>
<td>ECG</td>
<td>Electrocardiogram</td>
<td>A representation of the heart’s electrical activity. An ECG is taken using electrodes on the skin’s surface</td>
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<tr>
<td>ICD</td>
<td>Implantable Cardioverter Defibrillator</td>
<td>A device which functions like an AED, but is small enough to be implanted in a patient to allow automatic defibrillation at any time</td>
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<tr>
<td>MA AED Kits</td>
<td>Mini-Anne Self Instructional Training Kits</td>
<td>Designed to teach CPR skills and AED usage</td>
</tr>
<tr>
<td>PAD</td>
<td>Public Access Defibrillation</td>
<td></td>
</tr>
<tr>
<td>RTH</td>
<td>Restart the Heart</td>
<td>The national campaign led by Arrhythmia Alliance to place AEDs in communities</td>
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<tr>
<td>SCA</td>
<td>Sudden Cardiac Arrest</td>
<td>When the heart stops beating suddenly and unexpectedly without warning</td>
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<tr>
<td>VF</td>
<td>Ventricular Fibrillation</td>
<td>A dangerously fast heart rhythm which causes the heart to stop pumping blood effectively. This rhythm needs a shock to stop it and return the heart to a normal rhythm. Sudden cardiac arrest can soon follow if the rhythm is not treated quickly with a shock</td>
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The Campaign: Restart The Heart

Arrhythmia Alliance is running a national campaign to place automated external defibrillators (AEDs) in communities; we do this by facilitating and supporting groups across the country who wish to place AEDs in their locality.

The campaign has five principle aims:
- To increase public awareness of and understanding about SCA
- To increase awareness of the importance of AEDs as emergency life-saving equipment
- To increase public confidence in the use of AEDs
- To increase the placement of AEDs in local communities
- Provision of, and improvements to, AED locator mapping

Promoting ‘Heart Safe’ Communities

Every scheme mentioned in this toolkit works in collaboration with the Ambulance Service (AS) and, if present, the Community First Responder (CFR) team. The intention of the Restart The Heart (RTH) campaign is to promote all initiatives in relation to public access defibrillation and to enhance and compliment the current emergency service frameworks; facilitating timely and effective treatment.

Every AS in the UK operates independently of one another, with different views and campaigns relating to public access defibrillation. This Toolkit is not exhaustive and aims to incorporate and support all AED schemes available from each AS. Information on the schemes available (known at time of printing), can be found later in this Toolkit.

Arrhythmia Alliance recommends that whichever scheme a community adopts (excluding CFR), the AED is positioned so that it is clearly visible and easily accessible in an emergency. In the event of a sudden cardiac arrest, every second counts! Ideally, the AED would be housed in a wall mounted cabinet, either secured or unsecured, permitting limited or full public access if and when needed.

Fundamental to a placement is awareness raising; we recommend provision of AED awareness sessions and training to ensure that everyone in the community is aware of the placement and location of the AED and is familiar with its use in an emergency.

Awareness raising and community participation can alleviate people’s concerns about resuscitation, can demonstrate how the scheme works, how easy an AED is to use and will explain how to recognise the signs of SCA.

Arrhythmia Alliance Community Facilitation

A-A can support you to place an AED in your community through its Education and Awareness Programme. It offers the following support services:

- Informative presentations which can be given to parish councils, community groups, business forums, patient groups, educational establishments (schools, colleges) and town/district councils.
- Informative, medically approved and Department of Health endorsed, literature and booklets explaining SCA and AEDs. We have a range of resources available which you can use to promote your activities and events, including promotional material and templates; such as posters, press releases and flyers.
- A website dedicated to RTH where you can download information and materials.
The Heart Rhythm Charity

INTRODUCTION

- Links with your local ambulance service to inform them of your project and to set up an initial meeting.
- Mapping of your AED - we can upload your Community AED to a ‘locator’ website so that all placements are mapped, monitored and tracked.
- Assistance with community awareness raising and the organisation of public awareness sessions.
- Provision of Mini-Anne AED training Kits to enhance AED Awareness Demonstrations and facilitate further training. The Mini-Anne self directed CPR and AED skills learning programme allows individuals to learn the core skills of CPR and the use of a defibrillator (AED), in very little time with their own personal kit. The kit comprises a manikin, model AED and fully interactive DVD and literature; designed to be used by individuals in various environments, for example, at home, school or in the workplace.

For more information please see:
- KNOWLEDGE: Mini-Anne CPR & AED Training Kit

Why Get Involved?

Facts: Sudden Cardiac Arrest

- SCA strikes without warning killing 100,000 people in the UK every year – that’s 250 people a day
- In the UK, less than 5% of victims survive out of hospital
- SCA kills more people than lung cancer, breast cancer and AIDS combined
- SCA can happen to anyone, regardless of age or fitness
- Combined with CPR, defibrillation is the only effective treatment

SCA could happen in a shopping centre, on a football field, whilst out walking the dog; it can strike anyone, anytime, anywhere! The question is - Can your community risk not having an AED?

By placing an AED in your community, for public access, you could save the life of a relative, a friend, a neighbour or a work colleague.

In the event of a SCA the first few minutes are vital – for every minute without defibrillation, chances of survival decrease by 10%. With all the best intentions, it is often impossible for emergency services to reach a patient within the required timeframe (due to location, distance and/or traffic congestion). It is paramount that emergency life-saving equipment is made available and accessible for public use until emergency services arrive on scene.

Advances in medical technology mean that AEDs can be used by anyone. With in-built visual guidance and voice prompts, as well as telephone support from emergency operators, the general public can feel confident to use an AED. Resuscitation Council UK guidelines purport that the use of AEDs should not be restricted to trained personnel.

Whilst being simple to operate, AEDs are highly sophisticated; they will only administer a defibrillation shock if required. AEDs, once connected to a patient, will automatically assess the patient’s medical needs, informing the user whether or not a shock needs to be delivered.

Join our campaign to make every community Heart Safe. Help us to help you!
The Heart
The heart is an electronically-controlled muscular pump which sits roughly in the middle of the chest. Remarkably, the human heart starts beating only six-to-eight weeks after conception. From then onwards the heart continues, beating 100,000 times each day, and pumping an average of over 7,000 liters of blood, every day of a person’s life.

To understand the risks of sudden cardiac arrest and how a defibrillator can save lives, it’s helpful to know a little about the wiring and plumbing of the heart, which enable it to achieve such a phenomenal task.

The plumbing of the heart
The heart pumps blood around two separate circuits simultaneously. The heart’s right side pumps blood just to the lungs and back to collect oxygen. The left side pumps oxygenated blood through the whole body and back to the right side of the heart, ready for another trip to the lungs. Structurally, this means that the left side is mirror image of the right, but larger and more muscular reflecting its larger workload.

The sequence of a heart beat
Both sides of the heart contract at the same time, first the atria at the top contract in unison to push blood down into the ventricles through a pair of one-way valves. These valves close a split second later as the ventricles contract, forcing blood up out of the heart, through an additional pair of one-way valves, into the arteries. Leaving the right side of the heart is the pulmonary artery which takes blood to the lungs. Leaving the left side is the aorta which takes blood to the whole body.
The wiring of the heart
A two-step, synchronized pump which drives two separate circuits simultaneously requires a sophisticated electrical control system to keep things running smoothly.

Like all muscles, the fibres of the heart contract when stimulated by an electrical signal. The master of the heart’s electrical system is an area of tissue called the sino-atrial node (the SA node) at the top of the heart, in the wall of the right atrium. The SA node is the heart’s natural pacemaker setting the rhythm for the whole heartbeat sequence.

An electrical impulse from the SA node causes the atria to contract as the signal passes along the walls of the heart and through special conductive fibres which are essential to maintain the precise timing of the heartbeat’s sequence. As the atria are contracting, the SA node's electrical signal arrives at the atrioventricular node (AV node) which then sends its own signal via these conductive fibres to the base of the ventricles, causing them to contract just after they have been filled with blood by the contracting atria. Because this whole sequence is dependent upon the rhythm of the sino-atrial node, the natural heart rhythm is called ‘sinus rhythm’.
What is Sudden Cardiac Arrest?
Sudden Cardiac Arrest (SCA) is a condition whereby the heart stops beating suddenly and unexpectedly due to a malfunction in the heart’s electrical system. The malfunction that causes SCA is a life-threatening abnormal rhythm, or arrhythmia. The most common arrhythmia is Ventricular Fibrillation (VF).

When in VF, the heart’s rhythm is so chaotic (called ‘fibrillating’) that the heart merely quivers, and is unable to pump blood around the body and brain. Once a heart has entered VF, sudden cardiac arrest may occur. A victim in SCA first loses his or her pulse, then consciousness, and finally the ability to breathe. All of this can happen in a matter of seconds.

Who is at risk of Sudden Cardiac Arrest?
Anyone can suffer a SCA; it is unpredictable and can strike at anytime, anywhere, often without warning. It knows no boundaries – people of all ages, fitness levels and walks of life succumb to cardiac arrest and most don’t survive!

Risk factors include a previous heart attack, previous SCA event, fast rhythm in the lower part of the heart, family history of SCA and heart failure. Although pre-existing heart disease is a common cause of cardiac arrest, many victims have never had a heart problem.

What is the prevalence of Sudden Cardiac Arrest?
SCA is the number one killer in the UK, killing more people than lung cancer, breast cancer and AIDS combined; approximately 100,000 deaths each year. That’s 250 people a day dying from SCA – the equivalent of a Jumbo Jet crashing every single day of the year!

What are the survival rates of Sudden Cardiac Arrest?
The majority of Sudden Cardiac Deaths (SCDs) occur before being admitted to hospital. Less than 5% of individuals who suffer a cardiac arrest out of hospital survive. Survival rates fall by 10% with every minute that passes without defibrillation, so early intervention is key.

The delay between cardiac arrest and defibrillation is a significant independent predictor of survival. Where emergency response times are prolonged, for example in rural areas, public access defibrillation can increase the chances of survival of out-of-hospital cardiac arrests.

Is Sudden Cardiac Arrest the same as a heart attack?
SCA is not the same as a heart attack, although a person suffering a heart attack has an increased risk of SCA.
A heart attack can be thought of as a problem with the plumbing of the heart, a SCA is a problem with the electrical system of the heart.

What are the symptoms of Sudden Cardiac Arrest?

- Unresponsiveness
- Loss of consciousness
- Lack of pulse
- Cessation of breathing
- Ventricular Tachycardia
- Ventricular Fibrillation

Less than 5% of individuals who suffer a SCA out of hospital survive

Survival rates fall by 10% for every minute that passes without defibrillation
Defibrillation and CPR
When someone is in cardiac arrest, defibrillation (the administration of an electric shock) is the only way to re-establish the heart’s natural rhythm.

Cardiopulmonary Resuscitation (CPR) will not restart a heart in cardiac arrest. CPR is a temporary measure used to continue a minimal supply of oxygen to the brain and vital organs.

When responding to a patient in cardiac arrest, the best approach is to combine CPR efforts with defibrillation. Often people think that CPR alone is enough to treat Sudden Cardiac Arrest, but in fact CPR has a 5% success rate compared with a 50% success rate when coupled with an AED.

**CPR alone = 5% success rate  
CPR + AED = 50% success rate**

Further information on AED usage and CPR guidelines are available from the Resuscitation Council (UK) [www.resus.org.uk](http://www.resus.org.uk)

The Chain of Survival
SCA survival depends on a series of critical actions. If one of these critical interventions is neglected or delayed, survival is unlikely. In 1990 the American Heart Association (AHA) developed the Chain of Survival, now recognised worldwide as the optimum response to SCA.

The Chain of Survival addresses the fact that most SCAs occur outside of a hospital setting. Death can occur within minutes, so in order to be effective the steps in the Chain must be followed promptly.
Quick action by the first person on-scene can truly make a difference in saving a life.

The chain of survival protocol represents the sequence of four events that must be followed in the first vital minutes after collapse:

1. Early Access to emergency care by dialling 999 immediately
2. Early CPR should be started and continued until the arrival of emergency services
3. Early Defibrillation should be administered with an AED as quickly as possible
4. Early Advanced Care can be administered by emergency services personnel

A series of related and connected events, the Chain of Survival defines the roles of bystanders, dispatchers, first responders, emergency service personnel, paramedics, doctors and nurses, coordinated as a team to help save lives.

**Strengthening each link in the chain helps to prevent Sudden Cardiac Arrest from becoming Sudden Cardiac Death**
The use of Automated External Defibrillators

Unresponsive

Open airway
Not breathing normally

Send or go for AED
Call 999

CPR 30:2
Until AED is attached

AED assesses rhythm

Shock advised

1 Shock
150-360 J biphasic or 360 J monophasic

Immediately resume
CPR 30:2 for 2 min

No Shock advised

Immediately resume
CPR 30:2 for 2 min

Continue until the victim starts to breathe normally

In accordance with the Resuscitation Council (UK) Guidelines 2005, cardiopulmonary resuscitation (CPR) should be administered in a 30:2 ratio; 30 chest compressions: 2 rescue breaths.
What is an Automated External Defibrillator?
An Automated External Defibrillator (AED) is an emergency life-saving device for use in the event of Sudden Cardiac Arrest. It is a portable appliance that analyses the heart rhythm and administers an electrical charge to the heart if needed (to establish a regular heartbeat in the event of a cardiac arrest).

Only within the first few minutes following cardiac arrest will a victim be in a ‘shockable rhythm’; rapid defibrillation is therefore vital. Placing AEDs in the community can dramatically reduce the time from collapse to defibrillation and can greatly improve survival rates.

How does an AED work?
When switched on the AED will instruct the user to connect the pads to a patient’s bare chest. The pads enable the AED to examine the patient’s heart and determine if the patient is in a viable, shockable rhythm. If the device determines that a shock is required, it will charge in preparation to deliver a shock.

The AED is very safe as it will only charge if it determines a shockable rhythm is present.

When charged, the device instructs the user to ensure that no one is touching the patient and then press a button to deliver the shock. Or, in the case of a fully automatic AED, the unit will advise the user that it is about to deliver the shock without further intervention. After the shock is delivered, the device will instruct the user to commence/continue CPR (Cardiopulmonary Resuscitation) for a period of two minutes, after which it will analyse the patient’s heart rhythm once again, advising a further shock or further CPR.

An AED has an internal memory, which stores an ECG of the patient’s heartbeat along with details of the time the unit was activated and the number and strength of any shocks delivered. All this memorised data can be either downloaded to a computer, or printed out, so that it can be analysed by appropriate medical personnel.

What are the features of an AED?
- Lightweight and portable
- Easy to use, safe and effective
- Automatically analyses heart rhythms
- Determines whether defibrillation is appropriate
- Advises if a shock is required
- Guides a user through operation
- Prompts user to commence/continue CPR

AEDs have visual prompts and voice prompts which guide the resuscitator through the process of defibrillation.

The device is failsafe! The AED will only deliver a shock if a particular heart rhythm is detected. If the patient is not in cardiac arrest, a shock will not be administered. You cannot kill anyone by using an AED but you can save their life!
Who can use an AED?
Technological advances have meant that AEDs can be used by anyone with minimal or no training and little or no experience (Resuscitation Council UK guidelines purport that the use of AEDs should not be restricted to trained personnel). However, chances of survival increase if the person has had some awareness training in its use. For this reason, Arrhythmia Alliance recommends running public awareness sessions and training opportunities when placing a community AED.

Using an AED is as simple as 1...2...3
Flow Chart for Generic AED

Actions: Determine need for AED  Turn on AED

AED Prompts: Attach pads to victim’s bare chest  AED display: Attach pads

AED Prompts: Analysing rhythm  Do not touch victim  AED display: Analysing rhythm

AED Prompts: Shock advised  Charging  AED display: Charging

AED Prompts: Do not touch victim  Press shock button now  AED display: Press shock

AED Prompts: Press shock button now  AED display: Press shock

AED Prompts: Shock button not pressed within 15 seconds

AED Prompts: No shock advised  2 minutes

AED Prompts: Start CPR; begin with compressions  AED display: Start CPR

AED Prompts: Press shock button now  AED display: Press shock

April 2006  Resuscitation Council (UK)  www.heartrhythmcharity.org.uk  +44 (0) 1789 450 787  rth@heartrhythmcharity.org.uk  PO Box 3697  Stratford upon Avon  Warwickshire  CV37 8YL  UK
Mini-Anne CPR & AED Training Kit
Arrhythmia Alliance is proud to introduce the ‘Mini-Anne Self Directed CPR & AED Skills Learning Programme’, the first of its kind!

With a fully interactive DVD, the self-directed Mini-Anne CPR & AED Kit allows individuals to learn the core skills of Cardiopulmonary Resuscitation (CPR) and the use of an Automated External Defibrillator (AED) in less than an hour.

The kit includes a complete set of apparatus needed to simulate the process of performing CPR and using an AED; from identifying a patient in need of medical assistance to the arrival of the emergency services.

The interactive DVD is a revolutionary method of teaching these life-saving skills. It employs a unique ‘watch and do’ technique where the user can practice CPR (30 compressions: 2 breaths) on a personal manikin (Mini-Anne) and learn how to use an AED.

The Mini-Anne CPR & AED Kit is suitable for people of all ages and levels of prior knowledge, providing an invaluable source of AED training and demonstration. The information given is clear, concise and easy to follow and is complimentary to additional AED training that may be supplied (either by the Ambulance Service or medical professional). In addition to this, trained personnel may also benefit from the kit as a means of providing refresher training.
Pass it on
Those who receive the kit are able to share the programme with their loved ones. By passing the kit on to family members and friends, one ‘Mini-Anne CPR & AED Training Kit’ can go a long way to help make a community ‘Heart Safe’.

Purchasing a Mini-Anne CPR & AED Training Kit
The Mini-Anne CPR & AED Training Kits are available directly from Arrhythmia Alliance and an order form can be found in this toolkit. They are priced at £25 each and a discount is available for orders of five units or more.

For more information about the Mini-Anne CPR & AED Kit, please contact rth@heartrhythmcharity.org.uk or call Arrhythmia Alliance on 01789 450787.
Selecting an AED
There are numerous types of AEDs available on the market from a multitude of manufacturers. Several of these are suitable for community AED placement projects. You should bear in mind that the AED may be used by an individual with little or no training and therefore it is important to choose the most appropriate model i.e. offering the most comprehensive visual and voice guidance.

Your choice of AED should be based on the needs of your project and you should seek advice from a medical professional and/or Ambulance Service. It may also be the case that your local Ambulance Service is able to assist you with your purchase and with funding.

Please note: Arrhythmia Alliance does not promote any particular make or model of AED.

Characteristics generic to all AEDs:
• Lightweight and portable
• Easy to use, safe and effective
• Automatically analyses heart rhythms
• Determines whether defibrillation is appropriate
• Advises if shock is required
• Guides a user through operation
• Prompts user to commence/continue CPR

Options to consider when deciding which AED to purchase:
• Is the AED manufacturer reputable?
• Does the manufacturer provide a comprehensive warranty? Do they offer extended warranties?
• Does the manufacturer provide an after sales support service?
• Is the AED compatible with ambulance service equipment?
• Does the AED offer easy to follow and comprehensive voice and visual guidance for the user?
• Is the AED semi or fully automatic?
• Does the AED adjust its energy output to meet the patient’s needs?
• How long will the battery last? Is there a warranty for the battery?
• Is the AED easily interchangeable for use between adults and children (particularly appropriate if placed in educational/sporting establishments)?
• How much maintenance is required? Does the AED perform internal checks? How often?
• How much do replacement batteries cost?
• How much do replacement pads cost?

Further information
As an introduction, you can find AED products, manufacturers and suppliers at the following website www.defibshop.co.uk. There are many avenues through which you can purchase an AED; you will need to conduct your own research to confirm the best purchase plan for your project.
AED Housing
Arrhythmia Alliance (A-A) recommends that whichever scheme a community adopts (excluding Community First Responders (CFRs)), the AED is positioned so that it is clearly visible and easily accessible in an emergency.

In the event of a sudden cardiac arrest, every second counts! Ideally, the AED would be housed in a wall mounted cabinet, either secured or unsecured, permitting limited or full public access if and when needed.

When purchasing an AED, it is important to consider appropriate housing for the unit so that in an emergency, the AED location is clearly visible and easily accessible. It is important to avoid situations whereby life-saving equipment is available on-site, but the location is unknown or access is denied (i.e. locked away in “a cupboard in the Manager’s office”).

Furthermore, having the AED on display would improve the likelihood that the unit is appropriately maintained and regularly checked (i.e. the battery status and pad expiry date).

When housing an AED you will need to consider whether the cabinet should be secured and/or alarmed. There are different options to consider depending on the chosen location site of the AED unit and the level of accessibility required (i.e. in a school environment, it may be appropriate to have the cabinet alarmed so that staff are alerted if the AED is accessed).

Selecting an AED Cabinet
There are numerous types of AED cabinets available on the market from several manufacturers. Some of these are suitable only for internal use whilst others can be used outdoors. Your choice of AED cabinet should be based on the needs of your project and you should seek advice from a medical professional and/or Ambulance Service.

Please note: Arrhythmia Alliance does not recommend any particular make or model of AED cabinet.

Options to consider
• Is the cabinet sufficiently large to house your chosen AED?
• Is the ‘AED ready’ indicator light visible within the cabinet?
• Is the cabinet clearly visible and identifiable? i.e. is it brightly coloured and does it indicate that life-saving equipment is contained within?
• Will you be placing the cabinet indoors or outdoors?
• Does the cabinet need to be securely locked?
• How is the cabinet secured? Keypad code or lock and key?
• Do you need the cabinet to be alarmed?
• If the cabinet is being placed outdoors, is it robust and weatherproof?
• If the cabinet is being placed outdoors it will need an internal thermostat (to protect the equipment from temperature extremities).
• Does the cabinet include an internal light source so that responders can see clearly?
• Will you need additional overhead lighting if there is little or no street lighting?
• Will you need additional signage to publicise the location of the AED?
• Does the manufacturer/supplier offer an after sales support service?
• Does the cabinet have a comprehensive warranty?
• Does the cabinet meet UK/European quality standards?
Further information
There are several avenues through which you can purchase an AED cabinet; you will need to conduct your own research to confirm the best purchase plan for your project. The placement of AEDs outdoors in cabinets is a relatively new initiative, therefore new AED cabinets are emerging onto the market; please contact A-A at rth@heartrhythmcharity.org.uk for the latest updates.
Arrhythmia Alliance (A-A) has published a placement model that can be followed by community groups wishing to establish a Restart The Heart (RTH) project in their community. The model identifies the steps that need to be completed in order to implement the successful placement of an AED in a community.

Step 1. Build a Team
Step 2. Champion Idea
Step 3. Community Assessment
Step 4. Develop a Project Framework
Step 5. Fundraise
Step 6. Develop an Implementation Plan
Step 7. Installation
Step 8. Launch your RTH project – ‘Go live’

In practice, you might find that you are working on two or more of the steps in parallel or that the steps overlap with each other. Each RTH project is unique, with different needs and challenges; therefore the placement model is designed to be fluid and adaptable.

The model is intended to be an aid to your project, to guide you through the Restart The Heart process from start to finish. Take from it what you need and use it to your advantage.

Arrhythmia Alliance aims to help you place AEDs in your community. Please email rth@heartrhythmcharity.org.uk if you would like further assistance or information regarding any aspect of the placement model.
Step 1. Build a Team

Community participation
To ensure your project is successful, you will need to build a small team who can work together to realise your aims. You should gather people from the community who can bring different experiences to the fore. Ideally, your team members would be able to provide links to a wide range of contacts and networks, such as journalists, parish councils and business leaders. Identify leaders who can drive forward the implementation of the project and champions who can promote the project to specific audiences and the general public.

Establish a steering group which represents the whole community; it could include business leaders, community leaders (i.e. religious, youth), healthcare providers, local councillors, a Sudden Cardiac Arrest (SCA) survivor, a local celebrity. Not everyone in your team will need to be medical experts but what you will all need to share is a passion for making your community ‘Heart Safe’.

You will need to ensure your team includes someone who can provide medical guidance. This is vital to ensuring a successful project. Medical guidance will be required to assist with both planning and implementation and to ensure compliance with emergency response protocols and training.

Once you have a team in place, assign specific tasks to individuals; for example, fundraising, press liaison, spokesperson, etc. A-A can assist if required.

Every member of your team should be a ‘champion’ of the project and be willing to speak to the community about your project, be that at specific meetings, forums or generally. Every member should be informed about Sudden Cardiac Arrest and Automated External Defibrillators and the benefits your RTH project can bring to the community.

Ensure Medical Direction
You will need to ensure that you have someone on board from the outset who is willing to give medical direction to your project; they should be from a medical profession, such as a paramedic or GP, who is enthusiastic and committed. This person will play a vital role in leading your project by acting as advisor and consultant and providing project-oversight.

They could provide input and advice in the following ways:

- To advocate your project
- To endorse your project, for example when seeking funding and grants
- To seek guidance on equipment selection
- To seek input on AED placement locations
- To devise/verify project plans and policies
- Consult on specific issues as needed
- To liaise with appropriate personnel
The Ambulance Service (AS) Arrhythmia Alliance recommends that you include the AS in your project as they are an invaluable source of information and advice. The placement of an AED (whether as a static site within a community or as part of a Community First Responder (CFR) scheme) should aim to enhance the emergency service and work in conjunction with them. The placement of any AED is not instead of the Ambulance Service and so it is essential that you work with them from the onset.

Checklist

Have you...

…assembled your team? □
…elected your leader? □
…arranged for medical direction? □
…ensured the team is fully briefed about SCA, AEDs and RTH? □
…assigned tasks? (i.e. awareness raising, budget management) □
…informed the AS about your project and team? □
Step 2. Champion Idea

Communities working together
Spreading awareness about Sudden Cardiac Arrest in your community helps strengthen the links in the Chain of Survival by spurring people into action.

To a large extent the success of your project rests upon an effective community awareness initiative. The more familiar a community is with AEDs and the better their understanding of SCA, the greater the likelihood that they will support your project.

Increased awareness and participation by the whole community will encourage local ‘ownership’ of the project, reduce people’s fears about using an AED in an emergency and improve the likelihood of a positive response in the event of a SCA.

It is important to introduce your project to the community at the earliest opportunity so that local groups, businesses and residents will rally behind your efforts. It will enable you to identify supporters, secure financial backing, enlist volunteer participation and encourage potential responders.

Below are some suggestions for reaching out to the community and enlisting their support and participation.

Raising Awareness
There are many ways in which you can raise awareness; they do not have to be complicated or daunting.

Simple steps can sometimes be the most effective:

- Talk to people – schools, doctors, clubs, and associations
- Display posters in your community
- Distribute leaflets
- Attend local meetings of civic organisations, parish councils, business forums, neighbourhood watch schemes, etc.
- Inform your local media – tell them to ‘watch this space’

Speaking Out
Based on your project objectives, you need to decide what you want to say to people and the core information you want them to digest.

You need to state the outcome you want to occur and when you want it to happen. You can include your reasons for the project and the action to be taken. For maximum impact you need to be concise, brief and accessible.

For more information on writing project objectives and outcomes please see - Step 4. Develop a Project Framework
You should adapt what you say depending on your audience. That is not to say your core points change, only the way you present them. For instance, the way you present your case to potential funders may differ from the way you present it to your local journalist or local councillor. Each has different priorities and agendas; you need to understand these and use them to your advantage. A-A can supply a presentation if required.

Journalists need a story that will sell their newspaper – a ‘hook’ that will attract public attention. Local councillors need to hear how the project will assist their community and residents. Local businesses will want to hear how their involvement will promote their business interests in the community and funders will want to know what difference their input will make.

Meetings
- Be well briefed before attending
- Keep your presentation brief and to the point – leave time for questions and the opportunity to discuss your proposals
- Express your key points first
- Target your presentation accordingly
- Be clear about what you want to say and achieve at the meeting – for example, do you want to secure funding or do you want to secure a suitable location for the AED?
- Allow others time to speak
- State any key dates and action points

Newsletters
You can prepare short articles for inclusion in local newsletters, for example your village magazine or your parish newsletter. For each article you write, you should provide suggestions for further reading (such as the A-A website) as well as a contact name and details for the project.

The Media
The media is an important means of communicating information and local current topics and stories. Media is often used to influence decisions and to rally public support. The local media can provide excellent channels for getting your voice heard and raising awareness about your project.

For media tips please refer to
- TOOLS: Information Sheets

For a template press release please see
- TOOLS: Appendices

Leaflets and posters
When raising awareness about your project draw people’s attention with simple, neat, good quality and attractive posters and leaflets. These have the capacity to reach a large audience if you distribute them well. Design for impact!
Information must be in clear, short bites that will make people want to find out more. A poster is designed to attract people’s attention but does not give many details, so have a leaflet ready that expands on this information.

A-A has template posters and leaflets available that can be tailored to your project, as well as leaflets and informative literature that can be used to accompany your promotional material.

For tips on poster designs please refer to
- TOOLS: Information Sheets

For a template poster please see
- TOOLS: Appendices

Checklist

Have you…

…devised a plan detailing how you intend to raise awareness in your community? □

…composed the message(s) you want to relay to the community? □

…organised meetings to promote your project to relevant audiences? □

…secured speaking engagements/presentations at appropriate meetings and events? □

…submitted articles to local newsletters? □

…informed the media of your project? □

…designed and distributed leaflets and posters? □
Step 3. Community Assessment

Notify your local ambulance service
It is vital to inform your local ambulance service (AS) about your proposed RTH project at the outset, and seek their input and guidance throughout. For all community AED placements, A-A advises that you work in partnership with the AS.

Your AS will have a Community Manager and team who are assigned to look after community projects in your locality. They will be able to provide you with guidance and advice in relation to your AED placement, such as optimum location, SCA statistics, training opportunities and emergency response times.

Evidence of need
Your local AS will help you to assess your community’s needs. They can provide you with data on the prevalence of Sudden Cardiac Arrest and current emergency response times in your area.

You should consider the following questions in your assessment:

- Is it unlikely that the AS will achieve a ‘call to shock’ interval of five minutes or less?
- Has a Sudden Cardiac Arrest incident occurred in last 5 years?
- Is there a high footfall of people in the locality?
- Do 10,000 or more people gather in a public area / venue for any reason?

Conduct research in your local area to determine whether there are any existing AEDs and assess their availability; your placement location should enhance current access and availability. Alternatively, if there are already AEDs in your community, but they are not accessible, you may be able to incorporate these into the RTH scheme (i.e. house the AED outdoors in a cabinet as opposed to being locked away in a village hall. Further information on this scheme can be found later in this Toolkit).

In addition, find out if there are any other community projects or volunteer schemes in your area aimed at improving emergency response provision.

Community First Responder Schemes
If there is a Community First Responder (CFR) scheme established in your community, A-A recommends you seek their support and involvement. A CFR scheme is a volunteer based initiative that provides support to the AS when responding to emergency calls. When a person dials 999 paramedics and CFRRs are both dispatched to the scene of an incident.

The RTH campaign aims to enhance CFR schemes by providing a ‘back up’ in the event that of a CFR being unavailable or delayed. If there is only a limited CFR scheme, or none at all, the RTH project can also be used as a tool to encourage the establishment and/or expansion of such a scheme and to recruit new volunteers.

Your AS will be able to tell you if there is a CFR scheme in your community and can give you details.
Choosing an AED Location
To be most effective, an AED needs to be at the scene of a sudden cardiac event within three to five minutes of collapse. Speed is of the essence!

To achieve a response time of three to five minutes, it is first necessary to gather information about the local area as well as emergency response times and capabilities. This will help to determine how many AEDs are needed and where they should be placed.

It might become apparent that multiple AEDs are required to provide adequate coverage in your community and to enable a response time of five minutes or less. Use maps of the local area to help determine optimum placement sites that are accessible from the furthest corners of the community.

You should consider the following:

- Is there a venue(s) in your community where large numbers of people congregate?
- Is there an area with high footfall?
- Are there high risk populations/venues (e.g. nursing homes, sporting venues)?
- Is there a specific locality in the area that is difficult for emergency services to access?

The location site of your AED should be well known to the community and be easily accessible/visible. Options to think about could include your local leisure centre, sports facility, village hall, post office, school, place of worship. In addition to this, you should consider the opening times and working hours of these sites.

You might consider doing a dummy run to establish how quickly the AED can be retrieved from all locations within a given proximity. Remember to factor in variables that may impact on response times, such as rush hour traffic. It will help you to confirm your decisions or indicate if you need to adjust your proposed site(s). It may also highlight the need to phase in further AED placements if areas of the community fall outside the response time radius of the proposed location.

Please note that when deciding upon a placement site you will need to seek relevant approval from the parish/town council and building owner. The building owner as ‘Unit Host’ will need to be made aware of their responsibilities and the impacts upon them of hosting the AED at their premises.

For further information about the requirements of hosting an AED unit, please see
- Step 6. Develop an Implementation Plan
RESTART THE HEART

PLACEMENT MODEL

Checklist

Have you…

…liaised with your local AS?

…established prevalence of SCA and confirmed emergency response times in your community?

…conducted a local survey of public spaces and demographics?

…determined whether there are already any AEDs in your community which you could make available for public use?

…determined whether there is a local CFR scheme?

…if so, have you established contact with the group?

…established optimum location for your AED placement?
Step 4. Develop a Project Framework

Prior to approaching potential funders, develop a framework and action plan for your project. Do not be daunted by such a task; it will assist you when presenting your case to different audiences and will help you to attract support for your campaign.

You might find that your framework develops and evolves as you move forward with your project. Think of your framework as your master document; you can extract and tailor different elements to suit your audience or task.

When writing your project framework, think SMART!

<table>
<thead>
<tr>
<th>Specific</th>
<th>Objectives should specify what they want to achieve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable</td>
<td>You should be able to measure whether or not you are meeting the objectives</td>
</tr>
<tr>
<td>Achievable</td>
<td>Are the objectives you set, achievable and attainable?</td>
</tr>
<tr>
<td>Realistic</td>
<td>Can you realistically achieve the objectives with the resources you have?</td>
</tr>
<tr>
<td>Time bound</td>
<td>When do you want to achieve the set objectives?</td>
</tr>
</tbody>
</table>

Your framework could include the following information:

**Project Name**
You might want to consider incorporating Restart The Heart into your project name so that your project can be identified as part of the national campaign. Arrhythmia Alliance is happy to discuss this in more detail upon request.

**Project Aims**
Provide a brief explanation of what you are trying to achieve – your paramount aim should be to save lives. You may want to include other goals such as increased awareness of SCA, the need for early defibrillation and the importance of public access AEDs. Community participation and expansion of the local Community First Responder (CFR) scheme are also important considerations.

**Statement of need**
Provide a brief account of your research and consultation with the Ambulance Service, verifying the need for AEDs in your community. You may also want to include key facts about Sudden Cardiac Arrest.

For Key Facts please see
- TOOLS: Information Sheets

**Plan of implementation**
Provide a brief account of how you intend to implement your project, based on your assessment. Explain that you will be working closely with your local ambulance service and CFR, if appropriate. Outline your schedule of activities, such as fundraising and promotion.
Project benefits
Highlight the benefits that the community will enjoy as a result of the project, such as becoming a Heart Safe village with enhanced emergency response systems.

Budget
Include a brief estimate of your projected expenses for the project, including set up and on-going sustainability. Make a list of everything you will need. Some of these items will be essential (you won’t be able to proceed without them); some will be important (your project will run more efficiently with them); some will be desirable (you’d like to have these but you can progress without them).

Preparing a budget forecast
Once you have determined the number of AEDs you require in your community, you will need to estimate costs for purchasing these – you will need to forecast costings for all aspects of your project, from start up costs to on-going expenses. Aspects to consider include; equipment, accessories, installation, on-going maintenance and promotion.

Do not be deterred if you cannot fund all the AEDs you need immediately. A phased approach can be very successful, placing the first AED can lead to a ‘domino’ effect whereby people rally behind your efforts to expand provision.

Use the table below to help get you started.

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price £</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEDs (including accessories if required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Aid Equipment (gloves, mask, scissors, razor, towel etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mini-Anne AED Training Kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replacement of consumables (pads, batteries)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Launch costs (venue etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion and advertising (printing, mailing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance of the unit at the placement location</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>£</strong></td>
</tr>
</tbody>
</table>

Remember that AEDs do not last forever – eventually you will need to replace the AED itself (usually after about 7 years). If the project is to be sustainable you will need to plan for the long-term continuation of the project. The worst case scenario is that your project has to discontinue in the future due to a lack of long term funding and commitment. Nonetheless, you will have provided the life-saving piece equipment for as long as possible. You may also save a life!
Checklist

Have you…

…given your project a name? □

…devised your project aims? □

…composed a statement of need? □

…prepared a plan detailing how you intend to implement your project? □

…highlighted the benefits that your project will bring to the community? □

…prepared a budget? □
Step 5: Fundraise

Using your Project Framework you will need to present a strong case of the need for, and benefits of, placing AEDs in your community. With the correct information, you can persuade potential donors to support your project. Don’t just think in terms of financial donations, people can donate their time, skills and resources (e.g. training provided free of charge, material printed free of charge, reduced/free venue hire).

It is important to build relationships in your local community, so that people and organisations are familiar with your project and what you are trying to achieve. You can encourage the community to take ownership of the project and enable them to contribute to, and work together, to make their community ‘Heart Safe’.

Ways to raise funds include:
1. Approach a grant-making body, i.e. community foundations, National Lottery bodies and local authorities
2. Ask individuals, companies and groups to support you, i.e. local businesses and youth groups
3. Organise fundraising activities and events, i.e. sponsored events, raffles, collections

You may need to give a presentation to sell your project and present the case for AEDs in your community. Arrhythmia Alliance has presentations you can use at meetings and literature you can give to individuals and funding bodies. Included in this toolkit is a selection of Information Sheets which you can incorporate into your ‘sales pitch’.

Your sales pitch should include the following:
1. What the problem is and why it is important that the problem is addressed
2. What you intend to do
3. What you expect to achieve and in what timescale
4. Who will be involved in the project
5. What the benefits to individuals/the community will be
6. Reasons why they should support you and your project

Remember to tailor your presentations to suit your audience and each application. Tell your audience what’s in it for them! Think of it from their point of view and give them a reason to want to support you. For example, to encourage local businesses and organisations, offer to promote or publicise their support and generous contribution to your project.

There are many sources of possible funding:
- General public - community fundraising activities/events
- Individuals
- Local businesses
- Town/parish council
- Civic organisations (such as Rotary, Women’s Institute, Lions)
- Grant applications (e.g. the British Heart Foundation has funding available for community AED projects)
- Religious groups
• Schools and youth groups (such as Scouts and Girl Guides) may be willing to fundraise on behalf of your project
• Sporting associations (such as local football clubs)

A-A recommends investigating whether there are any existing AEDs in your community that could be made available for public use, i.e. at your local medical or leisure centre.

Fundraising activities
You can organise events and activities in your community to raise money for your project. It provides an opportunity to ‘champion’ your project and raise awareness. You can be as adventurous as you dare! Organise various activities that are appropriate to different sectors of the community so that everyone can get involved.

Ask organisations to undertake fundraising activities in aid of your project. For example, you could ask the local school to hold a non-uniform day, the local Women’s Institute to hold a cake sale or the local football club to hold a charity match.

For more fundraising ideas please see
- TOOLS: Appendices

For Key Facts please see
- TOOLS: Information Sheets

For guidance on writing a Project Framework please see
- Step 4. Develop a Project Framework

For an AED Presentation and for RTH literature and booklets please email
rth@heartrhythmcharity.org.uk

Checklist

Have you…

…prepared a presentation to ‘sell’ the project? ☐
…researched funding organisations nationally? ☐
…researched potential funders locally? ☐
…approached your target list? ☐
…organised fundraising activities and events? ☐
Step 6. Develop an Implementation Plan

Design and implement policies and procedures
In addition to establishing a project framework, you should also devise specific policies and procedures regarding implementation and on-going responsibilities.

Assign Responsibilities
Whether your community as a whole has fundraised or whether the equipment has been donated by an individual, an agreement will need to be drawn which assigns on-going maintenance tasks to designated individuals. These individuals will need to be accountable to the community, ambulance service and/or owners of the equipment.

‘Unit Host’
The ‘Unit Host’ refers to the premises on which the AED (and cabinet, if applicable) is to be installed.

The ‘Unit Host’ will need to be made aware of the extent to which they will be expected to participate in the project. You should discuss the following with them:
- Installation requirements, if applicable
- If you wish to use their premises to launch your project
- If you wish them to perform maintenance checks (as they are on site)

Maintenance checks
On-going maintenance is a minimal but vital task that only takes a few minutes each week. A ‘Guardian’ should be appointed to inspect the AED and housing, completing a simple form to keep a careful watch on this valuable emergency equipment.

For a template Maintenance Record Form please see appendices
Checks involve ensuring that the unit is in good condition and ensuring the AED ‘ready to use’ indicator is on (most AEDs perform internal daily checks and will indicate if there is a problem). The person carrying out these checks should sign an agreement to confirm that they assume this responsibility and will keep a record of their weekly checks.

Who assumes this responsibility is dependent on where the unit is placed and who has funded it. There are several options you could consider when thinking about who will carry out maintenance checks, examples include:
- The Funder
- The ‘Unit Host’
- An employee
- A Parish Councillor or appointed responsible person
- A Community First Responder

For a template Maintenance Agreement please see
-TOOLS: Appendices
Maintenance costs and replacement of consumables
Once the unit has been installed, running costs are minimal. AEDs have consumable components that will need replacing periodically or when they have been used. The frequency and cost of these varies depending on make and model of AED. The battery life of most AEDs generally lasts between three and five years, or for a certain number of deployments. Pads generally have a shelf life of two-three years at which point they will need to be replaced even if they have not been used.

Again you will need to identify who will cover the cost of replacing consumables and consider drawing up an agreement to such effect. If the pads are used ‘in anger’ i.e. they are used on a patient, then your AS may be willing to replace the pads; you will need to clarify this with them.

AED Usage and Data Collection
Once you have acquired your AED you will require your local ambulance service to inspect and commission it.

In the event that the AED is deployed to the scene of an incident you will need to consider the following points:

• If the AED is taken to the scene of an incident, but is not required, who will be responsible for returning the AED to the Unit Host? In what timeframe?
• You could consider attaching contact information to the AED so that on-scene responders can return the AED or arrange collection
• You may want to liaise with your AS contact to devise an appropriate plan
• Someone will need to be responsible for checking that the AED is returned and is ready to be used again (including replacing the pads if necessary)
• If the AED is taken to the scene of an incident, and is deployed, the paramedics will need to retrieve data from the AED – they may need to take the AED away with them to do this. You should liaise with your contact at the Ambulance Service to agree a protocol for returning the AED to the Unit Host. In what timeframe?
• Someone will need to be responsible for checking that the AED is returned and is ready to be used again (including replacing the pads)

You may wish to consider including a Deployment Log with the unit to record information about when the AED is used and by whom; you should liaise with your AS to determine if this is required.

Evaluations
You may want to be able to monitor and evaluate the occasions on which the AED is called into action. Such information could be invaluable if you intend to expand the project in the future as it will provide evidence of need and demonstrate the success of your project. You should liaise with your AS, and CFRs if appropriate, to determine whether, when and how they will provide you with feedback in the event that the AED is called into action.
Equipment insurance
You should liaise with your insurance company and/or the Unit Host to arrange insurance.

Insurance during the deployment of an AED by a lay-person
You will need to clarify with your ambulance service whether they can cover a member of the public who engages with them to respond to an emergency situation.

Training
The Resuscitation Council UK (RCUK) reiterates the view that AEDs are designed to be used by members of the public, stating that they ‘...are safe and easy to use, and will not allow a shock to be given to a victim who does not require one.’ It goes on to advocate that ‘...the use of AEDs should not be restricted to trained personnel.’ It is the view of the RCUK that restrictions on the use of AEDs are not in the best interests of a cardiac arrest victim.

For further information on RCUK guidelines please visit www.resus.org.uk
For further information on awareness and training please see:
- Step 8. Launch your Restart The Heart - ‘Go Live!’

Checklist

Have you...

…assigned on-going tasks and responsibilities to individuals? □
…appointed a guardian for the unit? □
…liaised with the Unit Host? □
…drawn up necessary agreements? □
…identified who will cover on-going maintenance costs and consumable replacements? □
…with the AS, determined the procedure for deploying and returning the AED in the event of an emergency? □
…with the AS, determined how data will be retrieved from the AED in the event it is used? □
…with the AS, confirmed insurance cover for the deployment of the AED by a lay-person? □
Step 7. Installation

Once you have completed your preliminary research, secured funding and agreed your policies, you will be in a position to implement the project and ‘Go Live!’

**Purchase your AED**
- You should do this direct with your chosen supplier(s)
- Remember to allow time for your order to be processed

**Purchase the AED Housing**
- You should do this direct with your chosen supplier(s)
- Remember to allow time for your order to be processed

**Place the unit at the pre-determined locations**
- Ensure a first aid kit is kept with the AED
- Ensure appropriate records are kept with the AED

Ensure your policies and practices for the safe and efficient operation of the project are in place and ready to use

Remember to include signage as part of your placement. An overhanging sign might be appropriate to indicate the AED location and to increase its visibility. Signage could be placed around the locality identifying the location of the unit, for example posters in shop windows.

**Inform your ambulance service**
Although you will have been working in partnership with the AS from the outset, it is important that you liaise with the AS regarding your placement date. You will need to provide confirmation of the exact placement address, including postcode.

**Inform the A-A**
As part of our national campaign, we aim to improve the mapping of AEDs so that placements are recorded and monitored. We will upload information about your unit and placement to the public access locator website. For further information about this please email rth@heartrhythmcharity.org.uk

**Checklist**

Have you…

- …purchased your AED? □
- …checked your AED is in working order? □
- …checked the contents of your first aid kit? □
- …informed the AS of installation date? □
- …informed A-A of installation date? □
- …with the AS, organised a trial run? □
Go Live!

Your RTH project is operational

Life saving equipment is available to the public

You are now a Heart Safe Community!
Step 8. Launch your Restart The Heart Project - ‘Go Live!’

Once you have installed your unit you should launch the scheme to the community and wider public. Although the community should already be aware of your project, organising an event to launch the scheme as ‘going live’ will provide your best opportunity for publicity.

Inviting local residents, businesses and organisations to a launch event will serve to raise awareness about your project and generate on-going support. Most importantly, if you include awareness sessions as part of your launch campaign, it will offer individuals the opportunity to learn more about SCA and AEDs.

The more familiar and confident people are with the AED; the more likely they are to use it in an emergency situation.

Your launch campaign could include an Official Press Launch at the site of the placement, for a select number of invited individuals. This could be preceded or followed by one or more Community Awareness Sessions, which are open to anyone and everyone to attend.

Press Launch
You will need to inform the press in advance of your launch date and invite them to attend, include a photo opportunity. Depending on your relationship with your local press contacts, you might want to issue personalised invites by telephone as well as email. Your accompanying press release should announce the official launch as well as provide dates for the Community Awareness Sessions. When issuing press releases, remember to allow time for deadlines – some local newspapers are published weekly or fortnightly.

Other key individuals you could invite to the Press launch include, for example, the mayor, MPs, councillors and representatives of civic and business organisations.

For a template invite please see
- TOOLS: Appendices

For a template press release please see
- TOOLS: Appendices

The launch could include refreshments, several short presentations (which could include an introduction to the project, endorsement from a key speaker i.e. the mayor and support from a community beneficiary), an AED demonstration by the Ambulance Service and photo opportunities. Ideally, the agenda should be kept short to enable people to attend the event.

For a template agenda please see
- TOOLS: Appendices

Arrhythmia Alliance can provide literature and promotional material if you wish to have a display/information stand at your event.
Community Awareness Sessions
For these sessions to be successful, you will need to ensure that you advertise and publicise them as widely as possible. You will need to think about the best ways to reach the greatest number of people from every corner of the community. You could undertake a combination of the following:

- Advertise the sessions in newsletters
- Post flyers to households, businesses and local organisations (such as football clubs, scouts clubs and rotary)
- Display posters in prominent places around the community
- Send invites to community representatives (such as schools, GPs’ surgeries, business forums and religious bodies)
- Release dates and information to the media
- Use the radio to make announcements
- Attend local meetings to make announcements (such as neighbourhood watch)

Your advertisements will need to include the following information:

- Date
- Venue
- Time
- Price (if free of charge be sure to highlight this in order to attract maximum attendance)
- Contact information

For a flyer template please see
- TOOLS: Appendices

For a poster template please see
- TOOLS: Appendices

You will need to choose a venue that has sufficient capacity to hold a large number of attendees and the space to carry out practical demonstrations. You may want to offer several dates, on different days of the week and at different times to enable as many people as possible to attend.

The sessions should include an introductory presentation to your project followed by an AED awareness demonstration, led by trained personnel. Your local AS or CFRs may be willing to lead these sessions free of charge or at cost price. Many private medical organisations, such as the Red Cross, St Johns Ambulance, Private Ambulance and Paramedic companies will be pleased to arrange more detailed training at a cost.

Arrhythmia Alliance can provide literature and promotional material if you wish to have a display/information stand at your event.
Further training
At the site where the unit is being placed you may want to arrange full training in Basic Life Support. For example, if the unit is being placed at a local pub or post office, the staff may appreciate more in depth training as they are most likely to be called upon to respond to an incident with the AED.

Mini-Anne CPR and AED Kits
A-A is able to supply self-instructional training kits to enhance training and awareness in the community. The Mini-Anne Self Direct CPR and AED Skills Learning Programme allows individuals to learn the core skills of CPR and the use of a defibrillator (AED) in very little time with their own personal kit. The kit comprises a Mini-Anne manikin, model AED, fully interactive DVD and literature; designed to be used by individuals in various environments, for example, at home, school or in the workplace.

For further information, please see:
- KNOWLEDGE: Mini-Anne CPR & AED Training Kit

Further Information
Be ready to direct members of the public to where they can receive further training if they so wish.

Increased awareness in the community can lead to an influx of people wishing to volunteer for Community First Responder schemes – be ready to direct people to a nominated Responder. If your community doesn’t have a scheme, are you prepared to help establish one?

Checklist
Have you...

...organised a press launch?  
...invited key individuals from the community?  
...arranged an AED Awareness Demonstration?  
...invited press and photographers?  
...issued an agenda?  
...prepared a display/provided literature?  
...organised an AED Awareness Session for the community?  
...advertised and publicised the event?  
...confirmed suitable dates and venues?  
...arranged for an appropriate person to lead the session?  
...prepared a display/provided literature?
AED Locator - 24/7 HeartSafe™ Cabinets

AED LOCATOR nationally promotes the establishment of a UK database for all Automated External Defibrillators (AEDs) placed in public areas and communities enabling access to life saving emergency equipment every hour of every day.

Tel: +44 (0) 1275 332323
Fax: +44 (0) 1275 333999
Email: enquiries@aedlocator.org
AED Locator (E.U.) Ltd, PO Box 1221, Bristol, BS40 8WS, UK

AEDs are housed in secure, weatherproof cabinets on the exterior walls of buildings, such as a post office or village hall. The life saving defibrillators can be clearly identified by their prominent cabinets, which are keypad locked for security.

In the event of an emergency a person dials ‘999’. The operator assesses the situation and, if appropriate, provides the caller with the combination code to access the AED. The operator will only release the code if a SCA is suspected and there is a second person on scene who can retrieve the AED from the cabinet. The operator will remain on the telephone to support the caller through CPR and defibrillation. Meanwhile emergency services are dispatched to the scene.

The scheme operates in partnership with the Ambulance Service. The Ambulance Service records the cabinet location and access code on its control system, so that operators can enable members of the general public responding to a suspected SCA to access the AED 24 hours a day.

In villages and towns where CFR schemes already exist, the 24:7 HeartSafe™ Cabinet scheme is intended to enhance and compliment their service provision. In areas where CFRs aren’t in operation, the scheme can be used as a tool for establishing a CFR team and recruiting new volunteers.

24:7 HeartSafe™ Cabinet is a revolutionary concept that is new to the UK, with the first such scheme being launched as recently as 2007. It takes the government’s public access defibrillation policy to the next level by allowing all members of the general public, regardless of training, to access life-saving equipment.

As yet, not all Ambulance Services have the capacity and framework to support a 24:7 HeartSafe™ Cabinet scheme. If you are interested in establishing such a scheme in your area, you should contact the Community Manager at your local Ambulance Service to confirm whether this option is available.
The launch of the Chew Valley project took place in November 2007. Clive Setter of ‘Setter & Lee Estate Agents’ in Chew Magna, Bristol, donated and placed 15 AEDs in distinctive cabinets, at outdoor locations across the Chew Valley area of North Somerset. A local Doctor once referred to the area as ‘Death Valley’ due to its extreme rural location and unavoidable delay in the emergency services arrival.

Mr Setter worked in partnership with Great Western Ambulance Service (GWAS), Arrhythmia Alliance and AED manufacturers in order to improve emergency response times for SCA in his local community. The AEDs are housed in European recognised emergency colour green cabinets, which are distinctive, secure, keypad locked, weatherproof and temperature controlled.

From parish councils to local businesses, the communities in the villages across the Chew Valley area worked together to implement the project and ensure its ongoing success. GWAS developed and implemented protocols and procedures to enable them to direct members of the general public in the Chew Valley area to the nearest cabinet. To date the cabinets have been accessed six times (August 2009).

The project was launched to the media and local residents in order to raise awareness of the placements and to encourage local villagers to support the scheme. Representatives from the Department of Health and the Resuscitation Council UK attended the launch, giving full support to the new initiative. As part of the launch, GWAS provided AED and CPR awareness training sessions, open to everyone in the community.

The Chew Valley project has been in operation for over 18 months and has proved a resounding success:

- Local villages now have a better understanding of SCA and how best to treat it; over 500 people attended the initial awareness sessions. Further sessions are ongoing.
- There has been a large increase in the number of people volunteering for CFR schemes in the area, with more CFRs in training, resulting in a greater sense of community spirit.
- The Lakeside Responder Group has been formed, increasing further the awareness of early defibrillation and CPR.
- The AEDs have been called to action on numerous occasions, each time arriving at the scene of a suspected cardiac arrest before paramedics and CFRs.
- Additional AEDs and cabinets have been placed in and around the area, with over 50 aimed for by the year ending 2009.
- Further awareness and training sessions are taking place in the community, for example, 6th form students at the Chew Valley Secondary School are receiving first aid and AED training and awareness.

Chew Valley AED Deployments
Spring 2008
- A retired pensioner with breathing problems
  Friends call 999
  Local AED in Chew Magna village collected ready for use prior to arrival of paramedics
  Patient did not arrest
  Patient taken to hospital for further observation
  Early presence of AED at scene provided reassurance to patient and bystanders
Summer 2008
Secondary School, teacher feeling unwell, respiratory problems with chest pains
Local AED in Chew Stoke village collected and deployed ready for use if cardiac arrest occurred
Once paramedics arrived, patient taken to hospital for further checks
Early presence of AED at scene was comfort to everyone

Spring 2009
Father of villager visiting for few days, pains in chest and difficulty breathing
Daughter dials 999
Local AED in Blagdon village collected
AED pads applied to patient and CPR given
AED does not detect shockable rhythm
Patient does not arrest
Local CFR and paramedics arrive at scene
Patient taken to hospital for observation
Reassurance given to family and friends by early presence of AED

Each time that a community AED has been dispatched in the Chew Valley area it has been available for use prior to the arrival of CFRs and paramedics!

Each time that a community AED has been deployed in the Chew Valley area the deployment has been successful!
Summary: SCA and AEDs

SCA
Sudden Cardiac Arrest (SCA) is a condition in which the heart stops beating suddenly and unexpectedly due to a malfunction of the heart’s electrical system. The malfunction that causes SCA is a life-threatening abnormal rhythm, or arrhythmia.

A victim in SCA first loses his or her pulse, then consciousness, and finally the ability to breathe. All of this can happen quickly – in fact in a matter of seconds.

SCA is unpredictable and can strike anyone, at anytime, anywhere, often without warning. It knows no boundaries!

Less than 5% of individuals who suffer a cardiac arrest out of hospital survive; survival rates fall between 7-10% for every minute that passes without defibrillation.

AEDs
When someone is in cardiac arrest, defibrillation – the administration of an electric shock - is the only way to re-establish the heart’s natural rhythm.

An Automated External Defibrillator (AED) is an emergency life-saving device for use in the event of Sudden Cardiac Arrest. It is a portable appliance that analyses the heart rhythm and administers an electrical charge to the heart only if needed, to establish a regular heart beat in the event of a cardiac arrest.

Technological advances have meant that AEDs can be used by the layperson with minimal or no training and little or no experience. The device is failsafe and will not administer a shock unless a particular heart rhythm is detected.

When responding to someone in cardiac arrest, the best approach is to combine CPR efforts and defibrillation.

CPR alone = 5% success rate
CPR + AED = 50% success rate
Key Facts: SCA

- Sudden Cardiac Arrest is the number one killer in the UK, killing more people than lung cancer, breast cancer and AIDS combined.

- Sudden Cardiac Arrest claims the lives of approximately 100,000 people every year in the UK, that’s 250 people a day – the equivalent of a Jumbo Jet crashing every day of the year!

- Sudden Cardiac Arrest can strike anyone, at any time, anywhere, without warning.

- Sudden Cardiac Arrest is an abrupt loss of pulse and consciousness most often caused by an extremely rapid or chaotic heart rhythm called Ventricular Fibrillation.

- A cardiac arrest is different from a heart attack. SCA is caused by an electrical problem with the heart; a heart attack which is caused by a blockage in an artery that supplies blood to the heart.

- CPR alone is not enough to save the life of someone who is in cardiac arrest. The rate of survival increases from 5%- 50% if CPR is complemented by the use of an electric shock from an AED.

- Administration of CPR followed by rapid defibrillation - the administration of an electric shock from an AED - is the ONLY way to re-establish a normal heart rhythm.

- Survival rates decrease by approximately 10% for every minute that passes without defibrillation following a cardiac arrest; early intervention is vital. After 10 minutes very few patients will survive.

- Less than 5% of patients survive out-of-hospital cardiac arrests - this number can be improved if AEDs are more widely available and accessible and if more people know what they are and know how to use them.
Case Studies

The Gary Humphries Story
It’s not until you save a life, or meet someone who has survived a sudden cardiac arrest that you realise the difference that an AED can make…

Gary Humphries will never forget the time his heart stopped beating for more than two minutes as he played his weekly game of squash. The 49 year old suffered a heart attack and cardiac arrest in the middle of a game in November 2003 and had no pulse or heartbeat.

‘I actually died on the squash court floor’, says Gary of Caerphilly, South Wales. Fortunately for Gary, he and his squash partner were playing at the Hawthorn Leisure Centre in Rhonda Cynon Taff, where a new type of resuscitation device was available. The LIFEPAK® defibrillator was put on his chest and moments later his heart was beating again. Gary said ‘I felt nothing, no pain or anything.

In fact, I remember very little about it. I was clinically dead for 2 minutes. I would not have pulled through but for the defibrillator and if we hadn’t gone to that particular Leisure Centre I’d be dead’.

Seven out of ten cardiac arrests, such as that suffered by Gary, happen outside of hospital and only a tiny fraction of victims survive; largely because of the lack of rapidly available resuscitation equipment.

Less than 5% of people in the UK survive cardiac arrests outside hospital, whereas the rate in Seattle, America climbed to over 40% after defibrillators had been made available to the public.

The Sir Ranulph Fiennes Story, ‘A Good Day to Die’
Sir Ranulph Fiennes is described by the Guinness Book of Records, as the greatest living explorer.

In 1993, he and Mike Stroud became the first men to walk unaided across the Antarctic continent, overcoming life-threatening situations in the process. When you hear his name you think fitness and stamina, but in June 2003 after boarding a flight to Edinburgh at Bristol airport, he suffered a massive heart attack and cardiac arrest. Fortunately, airport fire-fighters were able to revive Sir Ranulph using an automated external defibrillator, a device that shocks the heart. He later underwent a double heart bypass operation at Bristol Royal Infirmary.
Sir Ranulph doesn’t remember anything three days previous to the attack, as well as three days after the attack, so his thoughts on his heart stopping are all second hand. He says of the cardiac arrest;

“I know I am amazingly lucky to have had a cardiac arrest at an airport that had a defibrillator in easy reach and had the expert assistance of the Blue Watch at the Bristol Airport Fire Station who were able to attend immediately”.

“I also feel very lucky to be alive, because the truth is most people who suffer a cardiac arrest are not in hospital surrounded by doctors, but at home or in public places. Many do not survive because life-saving treatment simply does not come quickly enough”.

“The surgeons and fire-fighters who worked on me all say the key item in surviving a sudden cardiac arrest is the availability of a defibrillator in two or three minutes. This means that defibrillators should be available in places where there are lots of people, i.e supermarkets, shopping centres, airports etc”.

“In future, all expeditions I embark on will have a defibrillator as standard kit along with morphine, first aid kit etc”.

“If you had a defibrillator (a small comparatively inexpensive item) set up in these places it would make all the difference, I know I’m alive because there was one at an airport”.
Media Advice

Writing an article
The role of the media is to inform, educate and entertain. Information must be accurate, concise and interesting.

- Every news article and every feature article needs the following information: Who, What, Where, When and How? And also, so what? (i.e. the significance of your project!)
- The introduction should answer as many of the above as possible
- There are many ways to structure an article but normally the most important information goes first. Media articles can be very short so be prepared for text to be cut
- Delete all unnecessary words (padding). Use short sentences and familiar language. Do not abbreviate
- Use examples to illustrate your points
- Explain what you are talking about – remember the reader may not have heard of you/your project (or even SCA and AEDs)
- Statistics can add to your article’s authenticity but don’t over use them
- Make your article as interesting and relevant as possible

Press releases
- Every editor receives dozens of press releases every day so make yours as interesting and exciting as possible
- You may have to adapt your press release for different newspapers, particularly to make it appropriate for local versus national newspapers
- The reason for, and the timing of, the press release has to be very clear
- The point of your story should always be an outcome or conclusion, rather than a process
- The press release should be typed on headed paper, double spaced with wide margin, and preferably on one sheet
- Add ‘Notes to Editor’ on a second page with supporting information if necessary. Always provide a contact name and details
- Use an attention grabbing headline
- Give your story an angle - Highlight the importance of your project to keep the reader interested and make your story stand out
- Provide one or two quotes

Interviews
- Know your subject well. Have a list of key points to hand
- Know what you want to say!
- Don’t be afraid to repeat yourself if a point has been missed or ignored
- Don’t use acronyms (abbreviations)
- Assume your audience doesn’t know much about you/your project (or even SCA and AEDs)
- Use facts and figures to support your points
- Do not use jargon. Keep to short, simple statements as far as possible
- Keep your audience in mind
Tips: Poster Design

Posters have the capacity to reach a large audience if you distribute them well and design for impact. A poster must capture attention and get a message across in a matter of seconds. It must ignite the reader to want to find out more information at a later point in time.

The purpose of a poster is usually to announce an event, promote a service or sell a product.

The characteristics of a successful poster:
• Grabs attention
• Conveys a message
• Is easy to read
• Is striking in use of colour/imagery
• Limited text (the fewer words the better!)

There are certain design qualities that will improve your poster:
• Balance – use of symmetry or central focal point
• Movement – whereby you draw the viewer’s attention from one part of your poster to another with your design format
• Emphasis – using text, colour or bold font to highlight the most important information
• Unity – make sure your poster holds together and looks coherent by use of, for example, formatting, background, font and imagery

Think carefully about the colours you choose; are they to attract attention? Symbolic? (to your organisation, project) Are they complimentary? A successful poster consists of only three bold colours.

Think also about lettering: simple, easy to read and attractive.

An effective poster is always specific – don’t incorporate too many messages.

The A-A has designed a ‘Restart The Heart’ generic poster for you to use in your community to help raise awareness and for use as a promotional tool (i.e. at meetings).

For a RTH poster please see
- TOOLS: Appendices

If the purpose of your poster is to advertise an AED launch make sure you include (and emphasise):
• The launch banner
• Day and date
• Start time
• Venue
• Contact details

The A-A has designed templates for you to use and adapt in your community.

The following can be found in the appendices:
• AED launch poster
• AED launch flyer
• AED launch invites
**Frequently Asked Questions**

**What is ‘Restart The Heart’ and how does the scheme work?**

Restart The Heart is a national campaign which facilitates the placement of automated external defibrillators (AEDs) in communities; we do this by facilitating and supporting groups across the country who wish to place AEDs in their locality.

The campaign has five principle aims:

- To increase public awareness of and understanding about SCA
- To increase awareness of the importance of AEDs as emergency life-saving equipment
- To increase public confidence in the use of AEDs
- To increase the placement of AEDs in local communities
- Provision of, and improvements to, AED locator mapping

Each scheme mentioned in this toolkit works in collaboration with the ambulance service (AS) and, if present, the Community First Responder (CFR) team. The intention of the Restart The Heart (RTH) campaign is to promote all initiatives in relation to public access defibrillation and to enhance and compliment the current emergency service frameworks; facilitating timely and effective treatment.

**We already have a first responder scheme; do we need a community AED?**

The Restart The Heart (RTH) campaign aims to complement already existing schemes and provides a back up to emergency response services. Community First Responder (CFR) schemes work on a volunteer rota basis and may not be able to arrive on scene within the crucial eight minute period.

Providing public access to AEDs will ensure the life-saving equipment is available as a back up to the CFR.

The placement of an AED in a local community has been known to inspire members of the public to find out more information about CFR schemes and aids with future recruitment.

*For more information please see:*

- Step 3. Community Assessment

**Are there cases where an AED has been used in the community? Was it successful?**

There are many cases where community AEDs have been used successfully to save lives. Your ambulance service will be able to provide you with such information.

*For more information please see,*

- Information Sheets: Case Studies

**How successful are CFR schemes? What is their standard response time for call outs?**

The success of CFR schemes varies from region to region. CFR schemes are dependent on volunteers donating their time and acquired skills. In some areas there are expansive schemes providing emergency cover 24/7, in other areas schemes can struggle to recruit and maintain sufficient numbers of volunteers.

Where they are working well, CFR schemes can have very good response times.

The aim of RTH is to enhance and compliment already existing emergency frameworks. A-A recommends working in partnership with your ambulance service and CFR schemes in the community.
How do I find out how many incidents of SCA have occurred in my community? How do I find out what emergency response times are? Your local ambulance service will be able to provide you with this data.

The threshold for Public Access Defibrillation (PAD) is that an AED should be expected to be used at least once in every 5 years - our village doesn’t meet this criterion, should we still think about a community AED?

Sudden cardiac arrest can strike anyone, anytime, anywhere, often without warning. The only way to make your community ‘Heart Safe’ is to place an AED within the locality.

I support the idea of ‘Heart Safe’ communities but why isn’t the NHS or the government funding community AEDs?

The Department of Health endorse the Restart The Heart campaign and community AED placements. Indeed Arrhythmia Alliance will be campaigning to introduce policy whereby the NHS and government assume greater responsibility for AED placements.

We would like to become a ‘Heart Safe’ community but don’t have the funds to purchase equipment?

There may be organisations and/or individuals in your community who would be willing to donate to a life saving project. The British Heart Foundation (BHF) has an application process for Community AED grants.

*For more information please see:*
- Step 5. Fundraise

There are so many defibrillator models. What is the difference between them?
There are many makes and models available. Prices, features and training requirements can vary but there are certain characteristics that are generic to all AEDs. Factors to consider include: cost, ease of use and CPR guidance.

*For more information please see:*
- ACTION: AED and Cabinet Selection

Is a community AED the same as those used by first responders and the ambulance service? This depends on the make and model used by your CFRs and ambulance service. There are certain makes and models suitable for use by lay people with minimal or no training, whilst others are appropriate only for trained professionals.

What if I used an AED on a person and they weren’t in cardiac arrest?
When an AED is connected, the device will automatically analyse the patient’s heart rhythm and assess whether a shock is required. The AED will only deliver a shock if a particular heart rhythm is detected.
**If the patient is not in cardiac arrest, a shock will not be administered**

You cannot kill anyone by using an AED but you can save their life!

If a person is in cardiac arrest and there is no pulse what is the AED detecting?
When a person is in cardiac arrest their heart is usually beating abnormally fast, in a rhythm known as Ventricular Fibrillation (VF). When in VF, the heart beats so chaotically that it cannot pump blood around the body. An AED, if administered in time, delivers a shock that stops this irregular rhythm and restores it to its natural rhythm.

*For more information please see,*
  - KNOWLEDGE: Sudden Cardiac Arrest

Who takes responsibility for the community AED? Who ensures on-going maintenance? How much are running costs? Who replaces and pays for consumables?

Ownership and maintenance responsibility will vary with each project. Running costs are minimal and who covers this will vary with each project.

*For more information please see:*
  - ACTION: AED Selection
  - ACTION: Cabinet Selection
  - Step 6. Develop an Implementation Plan
Summary: RTH Placement Action Plan

- Assemble your project team
- Arrange for medical direction
- Champion project to your community
- Engage and co-ordinate with ambulance service
- Assess your community’s AED needs
- Determine optimum AED placement locations
- Research and decide which equipment is best for your project
- Prepare a budget
- Fundraise
- Design policies and procedures to ensure smooth running of your project
- Acquire and install units
- ‘Go live’
- Launch your project to the media and your community
- Organise AED Awareness Sessions for your community
- Offer training opportunities
- Arrange refresher community awareness sessions
Flowchart: RTH Placement

Build a Team
- Establish a steering group
- Assign specific tasks
- Ensure medical direction
- Engage ambulance service

Champion Idea
- Raise community awareness
- Meetings
- Newsletters
- Media
- Distribute leaflets
- Display posters

Assess community AED needs
- Liaise with ambulance service
- Establish evidence of need
- Research CFR schemes
- Determine optimum AED location

Fundraise
- Approach potential local donors
- Organise events
- Organise activities
- Apply for grants

Develop Project Framework
- Project name
- Aims
- Statement of need
- Devise action plan
- Estimate costs
- Prepare budget

Develop Implementation Plan
- Devise specific policies and procedures
- Assign tasks and on-going responsibilities
- Develop ‘Unit Host’ agreements
- Identify ‘Guardian’ to perform maintenance tasks
- Secure funding for on-going costs
- With ambulance service, co-ordinate plan for AED deployment and return
- Ensure Unit insurance
- Consider legal issues

Installation
- Purchase AED
- Install unit at agreed location
- Inform ambulance service project ‘live’
- Inform A-A project ‘live’
- With ambulance service, perform trial run

Launch
- Organise Press launch
- Deliver Community Awareness Sessions
- Provide opportunity for training
- Purchase MiniAnne Kits
Sudden Cardiac Arrest can strike anyone, anytime, anywhere...

CPR alone = 5% Survival
CPR + AED = 50% Survival

An Automatic External Defibrillator (AED) together with CPR is the ONLY way to re-establish the heart’s natural rhythm!

CAN YOUR COMMUNITY RISK NOT HAVING ONE...?

Arrhythmia Alliance is helping to place AEDs in local communities

HELP US TO HELP YOU

PO Box 3697  Stratford-upon-Avon  Warwickshire  CV37 8YL

Tel: +44 (0)1789 451830  Email: rth@stars.org.uk

www.heartrhythmcharity.org.uk
Sudden Cardiac Arrest can strike anyone, anytime, anywhere...

CPR alone = 5% Survival
CPR + AED = 50% Survival

An Automatic External Defibrillator (AED) together with CPR is the ONLY way to re-establish the heart’s natural rhythm!

OFFICIAL AED LAUNCH

LOCATION

TIME AND DATE

Support your community
To find out more please contact:
Name:
Tel:
Email:
A-Z of Fundraising Ideas

There are many, many ways you can fundraise for your project; we have listed some of these below. You may have other ideas also; organise one or several events to raise money to contribute to your budgetary needs.

A - Auctions, Antiques fair, Aerobics-athon, Abseil
B - Bungee Jump, Boat Race, Barn Dance, Baked Bean Bath, Bingo, Bike Ride, Balloon Race
C - Cake Sale, Car Wash, Christmas Fair, Curry Night, Concert, Cook Book, Craft Fair, Charity Sale on Ebay
D - Dance-athon, Dinner Dance, Duck Race, Darts Competition, Disco, Donkey Derby, Dragon Boat Race, Dog Show
E - Easter Egg Hunt, Egg Rolling Competition, Eating Marathon
F - Face Painting, Fancy Dress Party, Fashion Show, Fete, Football Tournament, Fun Day, Fun Run
G - Garage Sale, Golf Tournament, Games Night, Glamorous Granny Contest, Games Shows, Gigs, Go-Karting, Golf Day, Gymkhana, Gift Boxes, Garden Party
H - Head Shave, Hat Sale, Horse Show, Household Sale, Halloween Party, Hair Braiding
I - Ice Skating-athon, Indoor Fete, It’s a Knockout competition
J - Jumble Sales, Jewellery Sales
K - Karaoke Night, Kite Flying competition, Knitting Fair
L - London Marathon, Line Dancing Competition, Lottery
M - Marathon, Murder Mystery Dinner, Medieval Fair, Midsummer Ball, Midnight Film Show
N - New Years Eve Party, Nearly New Sale
O - Opera Night, Orienteering, One Hundred club – Raising £100 per week
P - Pram Race, Parachute Jump, Plastic Duck Race, Penalty Shoot-out, Pet Show, Pram Push, Parties
Q – Quizzes
R - Raffle, Raft Race, Rag Week, Rapping Contest, Radio Campaign, Running Events
S - Santa’s Grotto, Supermarket Trolley Dash, Slave for a Day Auction, Silent Auction, Skittle Evening, Sponsored Swim, Swear Box, Shoe Shine, Skateboard Display, Summer Night Ball
T - Tombola, Treasure Hunt, Tea Dance, Tug of War, Teddy Bears Picnic, Toy Appeal
U - Underwear Party, University Challenge, Unwanted Gifts
V - Valentine Dance, Variety Show
W - Wine Tasting, Wellie Throwing Competition, Wacky Races, White Elephant Stall
X - Xmas Party, Xmas Cards
Y - Yacht Race, Yard of Ale
Z - Zodiac Evening, Zoo Trip
The A-Z of Fundraising

These are just some of the activities that you could do to raise important funds for our continued work. If you would like to order a collection box or request further advice on any of the A-Z ideas, then please contact us. rth@heartrhythmcharity.org.uk

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<td>Baked Bean Bath</td>
<td>Curry Night</td>
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<td></td>
<td>Bingo</td>
<td>Concert</td>
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<td></td>
<td>Bike Ride</td>
<td>Cook Book</td>
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<td></td>
<td>Balloon Race</td>
<td>Craft Fair</td>
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<td></td>
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<td>Charity Sale on Ebay</td>
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<tr>
<th>Dd</th>
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<tbody>
<tr>
<td>Dance-athon</td>
<td>Easter Egg Hunt</td>
<td>Face Painting</td>
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<td>Egg Rolling Competition</td>
<td>Fancy Dress Party</td>
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<td>Duck Race</td>
<td>Eating Marathon</td>
<td>Fashion Show</td>
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<td>Darts Competition</td>
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<td>Fete</td>
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<td>Disco</td>
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<td>Football Tournament</td>
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<td>Donkey Derby</td>
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<td>Dragon Boat Race</td>
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<td>Fun Run</td>
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<td>Dog Show</td>
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<tr>
<td>Garage Sale</td>
<td>Head Shave</td>
<td>Ice Skating-athon</td>
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<td>Golf Tournament</td>
<td>Hat Sale</td>
<td>Indoor Fete</td>
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<td>Games Night</td>
<td>Horse Show</td>
<td>It's a Knockout</td>
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<td>Glamorous Granny</td>
<td>Household Sale</td>
<td>Jumbles Sales</td>
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<td>Games Shows</td>
<td>Halloween Party</td>
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<td>Gymkhana</td>
<td>Hair Beading</td>
<td>Jumpers for Goal posts</td>
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<td>Gift Boxes</td>
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<td>Garden Party</td>
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<tr>
<td>Karaoke Night</td>
<td>London Marathon</td>
<td>Line Dancing</td>
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<tr>
<td>Kite Flying competition</td>
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<td>Lottery</td>
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<td>Knitting Fair</td>
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<td>Karting</td>
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<tr>
<td>Marathon</td>
<td>New Years Eve Party</td>
<td>Opera Night</td>
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<td>Murder Mystery Dinner</td>
<td>Nearly New Sale</td>
<td>Orienteering</td>
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<td>Medieval Fair</td>
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<td>One Hundred club</td>
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<td>Midsummer Ball</td>
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<td>– Raising £100 per week</td>
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<td>Midnight Film Show</td>
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<tr>
<td>Quiz</td>
<td>Raffle</td>
<td>Raft Race</td>
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<td>Racket Race</td>
<td>Rag Week</td>
<td>Rapping Contest</td>
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<td>Rappying Contest</td>
<td>Radio Campaign</td>
<td>Running Events</td>
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<tbody>
<tr>
<td>Slave for a Day Auction</td>
<td>Tombola</td>
<td>Valentine Dance</td>
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<tr>
<td>Silent Auction</td>
<td>Treasure Hunt</td>
<td>Variety Show</td>
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<tr>
<td>Skittle Evening</td>
<td>Tea Dance</td>
<td>Wine Tasting</td>
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<tr>
<td>Sponsored Swim</td>
<td>Tug of War</td>
<td>Welie Throwing</td>
</tr>
<tr>
<td>Swim</td>
<td>Teddy Bears Picnic</td>
<td>Wacky Races</td>
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<tr>
<td>Sweater Box</td>
<td>Toy Appeal</td>
<td>White Elephant Stall</td>
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<tr>
<td>Shoe Shine</td>
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<tr>
<td>Skateboard Display</td>
<td>Trolley Dash</td>
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<td>Summer Night Ball</td>
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<tbody>
<tr>
<td>Xmas Carol Singing</td>
<td>Yacht Race</td>
<td>Zodiac Evening</td>
</tr>
<tr>
<td>Xmas Party</td>
<td>Yard of Ale</td>
<td>Zoo Trip</td>
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<tr>
<td>Xmas Cards</td>
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<td>Xmas Grotto</td>
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</tbody>
</table>
XXX FUNDS HEART SAFE COMMUNITY IN XXX

People living in XXX will soon have access to a life-saving piece of equipment that could help someone suffering from a cardiac arrest.

Donated by XXX, an Automated External Defibrillator (AED) has been placed at XXX, which members of the public will be able to use in the event of an emergency.

Residents are being invited to find out more about the device, which could mean the difference between life and death for someone suffering from a sudden cardiac arrest (SCA), during an event at VENUE on DATE from TIME.

In the event of a SCA, the first seven to eight minutes are critical, with early defibrillation increasing a person’s chances of survival from 5% to 50%. XXX’s location and the response times of the emergency services means an AED will increase a person’s chances of survival.

XXX will perform the opening ceremony and unveil the AED. During the launch, visitors will be able to learn more about using the AED to help someone who has suffered a SCA. There will be a demonstration of the AED, showing how easy it is to operate and addressing concerns about its use.

Funded by XXX, the AED has been introduced to the village/town/city with the support of Arrhythmia Alliance (The Heart Rhythm Charity), XXX Ambulance Service and XXX (any other appropriate personnel or organisation).

The success of the project is thanks to the fundraising efforts of XXX and a generous donation from XXX. It is the culmination of many months of hard work by XXX, who recognised the need for life saving equipment, which could be used by the general public in an emergency.

XXX of XXX said: “Local residents have always supported our fundraising efforts and this was an opportunity to bring people together for the benefit of their own community. With the continued support of residents and businesses, we hope this will be the first of many AEDs placed in and around the area.”

Trudie Lobban, from Arrhythmia Alliance, added: “Approximately 100,000 people die each year from SCA in the UK, 12% of which happen in public places. An SCA can happen to anyone, anytime, anywhere! Facilitating placements of AEDs across local communities is a vital part of the work of Arrhythmia Alliance. It is essential that residents are aware of, and can feel confident to use, the AED in an emergency. We invite everyone to come along and learn about this life-saving equipment.”

ENDS
APPENDIX

Note to Editors
Photograph, filming and interview opportunities will be available during the launch at VENUE on DATE from TIME.

If you would like to attend please contact XXX at XXX or telephone XXX

- Cardiac arrest is the sudden, unexpected loss of heart function. It is caused by a problem with the electrical system of the heart. It is not a heart attack.

- There are 100,000 sudden cardiac deaths each year. It kills more people than lung cancer, breast cancer and AIDS combined.

- Sudden cardiac death can occur within a matter of minutes if rapid CPR and defibrillation are not administered

- CPR alone = 5% survival rate, CPR + AED = 50% survival rate

- An AED is a portable life-saving device that analyses the heart rhythm and administers an electrical charge to the heart if needed, to establish a regular heartbeat in the event of a cardiac arrest.

- AEDs have visual prompts and voice prompts which talk the resuscitator through the resuscitation process. The devices are failsafe and will not administer a shock unless a particular irregular heart beat is detected.

- For further information about the RTH project in XXX please contact XXX at XXX

- Arrhythmia Alliance is a coalition of charities, patient groups, patients, carers, medical groups and allied professionals. A-A promotes the timely and effective diagnosis and treatment of arrhythmias.

- A-A is running a national campaign to place AEDs in every local community. We promote the placement of AEDs in public places with 24 hr access.

Further Information
For more details, images or interviews please contact Arrhythmia Alliance
Tel: 01789 450 787
Email: rth@heartrhythmcharity.org.uk
Web: www.heartrhythmcharity.org.uk
## Template: Weekly Maintenance Check Form

**WEEKLY MAINTENANCE CHECK**

<table>
<thead>
<tr>
<th>LOCATION of AED: XXX</th>
<th>Unit Host: XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>AED Model No: XXX</td>
<td>AED Expiry Date: XXX</td>
</tr>
<tr>
<td>Battery Expiry Date: XXX</td>
<td>Pads Expiry Date: XXX</td>
</tr>
</tbody>
</table>

1. Is ‘AED ready’ indicator light displaying green/flashing (depending on model)?
   - Yes
   - No

2. Is the defibrillator emitting a noise/alarm?
   - Yes
   - No

3. Are electrodes (pads) included and ready to use?
   - Yes
   - No

4. Does the First Aid kit contain the following items?
   - Rubber gloves
     - Yes
     - No
   - Drying pads
     - Yes
     - No
   - A razor
     - Yes
     - No
   - A 20cm x 20cm dressing pad in a sterile pack
     - Yes
     - No
   - A bottle of Alcohol hand gel
     - Yes
     - No
   - A clinical waste bag
     - Yes
     - No
   - A yellow pouch containing a Face Mask
     - Yes
     - No
   - A pair of scissors
     - Yes
     - No

5. Is the AED housing in good, working order?
   - Yes
   - No

In the event that any of the above maintenance checks fail, please contact your Project Coordinator or AED/Cabinet supplier

This check was completed by:

[please write your name].........................................................Date:  ........................................

Please retain for records
Template: Maintenance Agreement

Location of AED: XXX  
Unit Host: XXX

AED Model No: XXX

On behalf of XXX project, I XXX agree to perform maintenance checks on the above named AED.

I will carry out checks on a weekly basis, reporting immediately (or as agreed) any damage and faults to the Project Coordinator, XXX. I will inform the Project Co-ordinator immediately (or as agreed) if any items are missing from the site or if any items need replacing.

If I am unable to perform a weekly maintenance check I will inform the Project Co-ordinator in advance so that alternative arrangements for can be made.

I agree to perform weekly maintenance checks until otherwise agreed with the Project Co-ordinator. I will give a minimum 4 weeks notice of my intention to cease responsibility for performing maintenance checks, so that the Project Co-ordinator can find a replacement person.

Signed: XXX
Date: XXX

Signed: XXX (Project Co-ordinator)
Date: XXX

Please retain for records