



Safer Playing Environments – The provision of defibrillators

England Squash advocates the availability of Automated External Defibrillators (known as AED's or Defibrillators) within all Clubs and facilities.

England Squash explains "evidence and research clearly identifies that AED's can make a difference between life or death in the event of a cardiac arrest.* Clubs and providers should take heed of impressive results that have been reported with survival rates as high as 74% with fast response times often possible when an AED is nearby in a complementary location".

There is currently no legislation in the UK which obliges certain businesses or premises to provide an AED but under English law, there can be liability in negligence for failing to take appropriate safety precautions on your premises.

AED's are commonplace in most public leisure facilities and educational leisure establishments however it is the community sports club sector where their availability is less certain. A recent snapshot survey of this sector by England Squash suggests that 30% of community sports clubs do not currently provide AED's. Key barriers as to why AED's were not provided included cost, no funding available, lack of knowledge on the benefits, fear over the liability of misuse or maintenance and that clubs have looked into it but it wasn't the current priority for them.

England Squash would urge all Clubs to invest in an AED as soon as possible; there is currently no public funding available to acquire them however, they must be seen as a 'need to have' item considering their potential impact when required.

England Squash has secured an alliance with St. Johns Ambulance for advice on AED's and First Aid; this also extends to discounted rates for its members on first aid equipment and training.

St. Johns AED's and other first aid equipment can be found at http://www.stjohnsupplies.co.uk/

To receive an England Squash discount of up to 15% (dependent on model), contact 0207 239 8140 or www.national-sales@sja.org.uk and quote ESR AED. For each AED sold, St. Johns will also give 1 free training place.

* Cardiac arrest is totally different from a heart attack. A cardiac arrest happens when your heart stops pumping blood around your body. As a result you will be unconscious and won't be breathing normally. Immediate cardiopulmonary resuscitation (CPR) and defibrillation is needed to have any chance of survival. The average age of a cardiac arrest in the UK is between 35-44 yrs old.

St. Johns Ambulance have provided some commonly asked questions about AED's:

Q: What is an AED?

A: An AED is a sophisticated, reliable, safe, computerised device that delivers electric shocks to a casualty in cardiac arrest when the ECG rhythm is one that is likely to respond to a shock. Simplicity of operation is a key feature: controls are kept to a minimum, 'voice and visual prompts' guide rescuers. Modern AEDs are suitable for use by both emergency first aider as well as healthcare professionals. All AEDs analyse the casualty's ECG rhythm and determine the need for a shock. The semi-automatic AED indicates the need for a shock, which is delivered by the rescuer, while the fully automatic AED administers the shock without the need for intervention by the rescuer, semi-automatic AEDs with manual override have the facility to enable the operator (normally a healthcare professional) to override the device and deliver a shock manually, independently of prompts.

Q: Are AEDs easy to use?

A: It is very easy to use an AED. You turn on the device (some devices turn on automatically when the lid is opened), and there are clear and concise 'voice prompts' advising you exactly what to every step of the way (both CPR and defibrillation). Most of our AEDs can be used by an emergency first aider or layperson with minimum training, although we would recommend either a fully automatic or semi-automatic device in these circumstances.

Q: Do I have to be trained to use an AED?

A: The 2010 Resuscitation Council (UK) guidelines still advise training for AED operators but state that in an emergency you do not have to be trained to use an AED; in short it is better to use it than not, even if a trained operator is not available. All our AEDs have step-by-step voice prompts, which explain exactly what steps to take to administer both shocks and CPR – however we understand that using an AED could be a daunting experience and that is why we offer a FREE AED (incorporating CPR) training course place with every AED purchased from us.

Q: Can AEDs be used on children as well as adults?

A: Yes, standard AED pads are suitable for use on children older than 8 years. Special infant/child pads that attenuate the current delivered during defibrillation, should be used on children aged between 1 and 8 years if they are available; however, in an emergency, if an AED with adult pads is the only device available, its use should be considered. The use of an AED is not recommended on children aged less than 1 year.

Q: Has anyone been sued in the UK for using an AED on a casualty who did not recover?

A: As far as we are aware no one in the UK has been successfully sued for using an AED on a cardiac arrest casualty and failing to revive the casualty.

Q: What if I use an AED and make things worse by shocking someone that does not need shocking?

A: It is impossible to shock someone that does not require it, as the device only shocks if the person is in fibrillation. You should consider that an AED is only used on someone that is not breathing; in reality you cannot make this condition worse.

Q: Are AEDs dangerous unless used by a medical professional?

A: No; anyone can safely use an AED even the untrained layperson or an emergency first aider who, witnesses a cardiac arrest, or who are nearby and can respond more quickly than the ambulance service. The minutes saved are crucial and this strategy has been responsible for saving many lives. Research shows that for every minute that the first shock is delayed, the chances of the patients survival diminishes by 10%. The Resuscitation Council (UK) advises the administration of a defibrillatory shock should not be delayed while waiting for more highly trained personnel to arrive. The same principle should apply to individuals whose certified period of qualification has expired.