

Defibrillator activation process



The Community Heartbeat Trust

Supporting defibrillation into communities through a governance led, sustainable and resilient manner

How and when are defibrillators activated?

Defibrillator activation

The increase in numbers of community defibrillators has led to an expectation they will be activated to a 999 call in every case. This is not true. Community defibrillators will only be activated as long as certain conditions are present, and 999 ambulance operators are instructed to ask relevant questions to ascertain if a defibrillator is needed. In addition, the presence of 'Activation radii' or a 'lone rescuer', will determine if a defibrillator is needed or can be accessed. Add to this the increasing numbers of reports of the "emergency operator" not knowing the location of code, suggests that the public are not being made aware of the right processes or constraints associated with their community defibrillator.

This guide will help clarify the process in place since October 2022, and why some case you may be advised there is no code available, or that no defibrillator is available nearby. Defibrillators are only sent to Cat 1 'life threatening' calls.

How to call 999

- Call 999 (or alternatively 112 from a mobile – both work) and you will be answered by the BT emergency operator. They will ask you which service you require – Fire, Police, Ambulance (Coastguard and Mountain Rescue in some circumstances). Ask for Ambulance.
- Your 999 Ambulance call can now be answered by any ambulance service in the UK. Do not assume it is your local ambulance service. Any ambulance service can dispatch an ambulance to your address.
- Do not go to a defibrillator cabinet, then call 999. Some 'defibrillator' cabinets have *inaccurate* or *incomplete* instructions that can be misunderstood by the public when stressed, or who assume the BT emergency operator can give access codes. Always call 999 and ask for *Ambulance*. Any cabinet 'location code' displayed is NOT recorded by the ambulance services and should never be used.

When to call 999

- Always call 999 if the patient is **unconscious, not breathing** or has laboured breathing, or is showing signs of **chest pains** radiating across the chest and down the left arm. For minor enquiries you can call 111. Please note that not every 999 call requires a defibrillator, so you may *not* be advised of the location of any defibrillator, if the triage suggest a defib is not required.
- Do not use public access Apps or website maps to identify the location of a defibrillator in an emergency. Most maps are inaccurate in some way, or incomplete. They are not used by the emergency services and are for information only. The ambulance service will know of the active and available units and may also know of others locally that do not appear on maps. The two most accurate and complete maps of defibrillator locations are www.nddb.uk (the National Defibrillator Database) or Defibfinder. Between these two you should have around 99% coverage.
- A 999/112 call must always be undertaken whilst **at the patient**. The reason for this is the 999 operators will pick up automatically the location of the call, either directly from the land line or via GPS if a modern mobile. Thus, they already know the address, or very likely the location. 112 can be called from a mobile telephone, as by international agreement, any 112 call in any country will go to the lead emergency service in that country. In the UK this is the 999 operators.
- What 3 Words may also be used to verify your location if in a remote area.
- Once the 999 call is received by the **ambulance operators**, they are tasked with asking 2 questions - *is the patient breathing? Is the patient conscious?* They use AI now to determine the type and severity of emergency and automatically dispatch an ambulance to the address/location without the need for further questions at this stage. The 'on screen script' will not allow a process outside of the defined script. In 999/1000 cases this is fine. Sometimes their screen shows *no defibrillator location*, as the triage has determined the defibrillator is not required as not a *Cat 1* incident. They may then ask you know of a defibrillator is nearby, and if easily accessible, collect this, but do not leave the patient alone at any time. If this happens, this *does not mean* the defibrillator is not 'registered'.

- Some 999 operators may say the defib is not *visible* to them. This is because it is flagged as ‘not needed’; ‘out of use’; or ‘not available’ at this point in time. **This does not mean it is not registered with the ambulance service.** Just that it is not visible due to the circumstances.
- They will then tell the caller how to undertake CPR/Chest compressions - this is a requirement within 60s of the call - and ***if it is determined a defibrillator is required***, the call handler will advise where the nearest **active** one is and how to get access (which may not be the one you are aware of). This shortens response times, and also stops unnecessary use of defibrillators.
- What they cannot do, without some searching, is to take a **second 999** call from the defibrillator cabinet location and allocate it to an **existing 999** call from a different (original) location. This second call may go to another ambulance service call centre. Thus, delays occur where a second 999 ambulance operator is trying to find the first 999 call, and seeing if a defibrillator had already been allocated, or if it was required. Generally they will not give any access code unless they can allocate to the original 999 call.
- As an added complication, if the defibrillator is not needed, or not available, the location and code information **does not appear** on the 999 operator's screen, and so they cannot relay this to the caller.
- 111 calls do not have access to the defibrillator information as these are not ambulance call centres, but commercially provided services for non-urgent cases. **If patient is unconscious call 999 not 111.**
- Sometimes the 999 call does not go to the local ambulance service, particularly in border areas or very busy periods, but instead goes to the **next available call handler** from another ambulance service, or even the police, then this service may not know of the location of the defibrillator, or the code to get access if locked. They may ask if a defibrillator is nearby (ie within 400m, not 2 miles!) and if you know where this is *and* also any access code, send someone to collect this “just in case”. This process is currently being revised as it is causing confusion and stress.
- If you are on your own with the patient, you will **not** be sent to fetch the defibrillator, but stay doing CPR until help arrives. Your community may wish to consider a VETS scheme of volunteers (contact CHT for information). Also if an ambulance is close enough to the incident and can get there faster than you would be able to get to the defibrillator and back, you will also not be sent to the defibrillator. **This does not mean the defibrillator is not available or not registered, just not appropriate to the situation.**
- Finally, there is a thing called **Out of Activation Radius**. This means that calls are allocated to resources, in this case a defibrillator. Sometimes the emergency is further away from the defibrillator than the local ‘activation radius’. In this case the operator will not know of a defibrillator nearby, and will not activate. Typical activation radii are 200m to 500m, dependent upon ambulance service policy and also geography, eg crossing a river or main road.

Bleed kits

- Bleed kits should not be co-habited in the same cabinet as the defibrillator. Whilst this seems a good idea in theory, what happens in reality is that if the bleed kit is activated, but if stored in the same cabinet as the defibrillator, the defibrillator may also be taken. As a result, the defibrillator site will be flagged as ‘inoperative’ as a result, and need to be checked or cleaned, denying access to a patient that may actually need a defibrillator.
- Similarly, if a defibrillator is deployed, the bleed kits may also be taken by mistake, so that when a bleed kit is needed, it is not available.
- If you wish to have a full bleed kit in the community, place this in a separate clearly marked unlocked cabinet. This can be at the same geographical location (co-located), but this avoids issues and may just save another person’s life.
- There is no national database of bleed kits in the UK. Therefore as 999 calls are taken by any ambulance service, bleed kits cannot be routinely activated. Community bleed kits are rarely activated in any emergency, and are dependent upon local policies.



