

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.

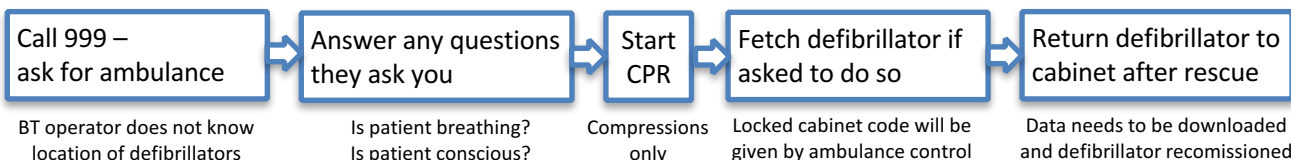
1. A 999/112 call must always be undertaken whilst *at the patient*. The reason for this is the 999 operator will pick up automatically the location of the call, either directly from the land line or via GPS if a modern mobile. Thus they already know the address, or very likely the location. *Do not go to the cabinet, then call 999*. Some 'defibrillator' cabinets have inaccurate or incomplete instructions that can be misunderstood by the public when stressed, who assume the BT emergency operator can give access codes. Always ask for *Ambulance*.

**DIAL 999**  
Ask for ambulance and provide your location and Box Number

**CALL 999 FOR ACCESS CODE TO OPEN**

**Call 999 for Access Code to open cabinet**

2. 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. 999/1000 cases this is fine. Sometimes their screen shown no location. They will then ask you if a defibrillator is nearby.
3. They will then tell the caller how to undertake CPR - this is a requirement within 60s of the call - and *if it is determined a defibrillator is required*, 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.
4. 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. 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. As an added complication, if the defibrillator is not needed, 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.
5. 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 an adjacent ambulance service, or even the police, then this service would not know of the location of the defibrillator, or the code to get access if locked.
6. 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 (call CHT for information).
7. 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 or if a second 999 call is made, it may not go to the same ambulance control room.



The Community HeartBeat Trust is the leading UK charity in the provision of defibrillators  
Our core values: Sustainability - Resilience - Governance