Appendix 1

Background

Following the Corner's review of Samuel Akwasi's death, an evaluation was undertaken on current AED provision within the Council and across the Borough. The evaluation also looked at how recommendations from the review could be incorporated into an AED expansion and awareness programme.

During the Cabinet meeting held on 16 July 2024, it was requested that trauma bleed control kits were also included in the AED review. These measures would potentially help to support and improve emergency response capabilities, ensuring better preparedness in critical situations.

Trauma bleed control kits are specialised kits designed to provide initial response users the means to stop or control catastrophic bleeding until paramedics arrive. This could potentially save lives. Further information regarding these kits, along with budgetary considerations are contained later in **Appendix 1**.

A review of the Coroner's recommendations has been undertaken and each recommendation will be followed by the Council's proposed approach.

Coroner recommendation:1

There should be a public access (24 hour) AED available in a locked cabinet, registered with CIRCUIT at every public park and sports ground in Nottingham City. This allows the AED location to be accessible by EMAS control, such that a code to open the box, can be provided immediately to the 999 caller to allow rapid access to the AED when required. This provision to be extended to all public parks and sports grounds across Nottinghamshire where possible.

Council response:1

There is a network of publicly accessible AEDs throughout the Borough. If an AED is registered with either the NHS or the British Heart Foundation, then the location will be captured on CIRCUIT, a publicly accessible register available online (https://www.defibfinder.uk/) or via an app.

Across the Borough there are fifteen sites that support sports teams/clubs such as football and cricket, of these sites there are currently seven AEDs. These AEDs were funded and are now managed and maintained by the sports clubs that use the sites. Three are registered on the CIRCUIT and available for public use whilst the rest are only available to site users when the sports team are present and the sites are in use.

Table 1 details the current availability and provision of AEDs across the Borough's parks and open spaces.

AREA IN THE BOROUGH	SITE	MANAGED BY	AVAILABLE FOR PUBLIC USE (registered on 'The CIRCUIT')
Eastwood	Hall Park	Football club	NO
Beeston	Hetley Pearson	Football club	NO
Stapleford	Hickings Lane	Football club	YES
Toton	Manor Farm	Football club	YES
Stapleford	Pasture Road	Football club	NO
Trowell	Pit Lane	Football club	NO
Beeston	Weirfields	Football Club	YES

Table 1: Current provision of AEDs on Parks.

In addition to Table1, AEDs are also located at a number of Broxtowe Borough Council locations and are available during opening hours these are:

- Beeston Council Offices.
- Kimberley Depot.
- Crematorium.
- Bramcote leisure Centre.
- Chilwell Olympia Leisure Centres.

Viability of expanding the current of AED network

To benchmark against the recommendations made in 2023, a desktop exercise was undertaken to assess the number of parks and open spaces that had the potential infrastructure to support the installation of a publically accessible AED. These locations are detailed in Table 1, **Appendix 2**.

Installation options were also assessed for remote sites that do not have an easily accessible electricity supply or appropriate building infrastructure. Whilst these sites do not have sporting facilities they do attract a large number of site users an example of one of these sites would be Colliers Wood.

The study identified that there were 14 pavilions or buildings within the Borough's parks and opens spaces that potentially have the appropriate infrastructure to support the installation of an AED (Table1, **Appendix 2**) This is in addition to the sites identified in Table 1, **Appendix 1**.

A further 16 sites were identified with electrical infrastructure close by, (such as highway light or CCTV column), where permissions could be obtained for their installation. This information can be found in Table 1, **Appendix 2**.

Appendix 3, Table 1 and Image 1, details sites where the Council's Capital Work Team provided AEDs through grant schemes. These have been plotted on GIS mapping with a 500-meter buffer. These units cost approximately £100,000. However, a gap analysis has revealed uncertainties regarding public accessibility, current conditions and maintenance responsibilities. It is recommended that an audit is undertaken by Council officers to identify guardians, current condition and the public accessibility of this equipment.

The cost of procuring and installing AEDs on suitable sites.

There are a variety of AEDs offering different features dependant on budget. As an indicative cost, the AED unit held at the Council Offices in Beeston cost approximately £1,620 including a lit powered unit. The unit at Beeston Council Offices has the following features:

- Paediatric switch – only one set of pads needed.
- Ambient-noise detector measures background noise and adjusts voice instructions accordingly.
- CPR Detection.
- Visual indicator shows battery life, unit status and pad status.
- Internal memory stores the last 5 events/ 3 hours of data.
- Fully automatic configuration means the device will deliver the shock without intervention.
- IP55 rated defibrillator.
- The iPAD SP1 comes with a 7-year warranty. When registered, the warranty is extended by 3 years.

https://www.defibshop.co.uk/sp1-fully-community-package

The cost of maintaining AEDs on a planned and programmed basis.

All AEDs require periodic inspections along with associated maintenance, this is to ensure sure that the units haven't been vandalised, used or stolen and that the pads and batteries are still in date. It is suggested that weekly checks on the status of the units are carried out and recorded. Currently the Council's Health, Safety Compliance and Emergency Planning Service are responsible for the checking and upkeep of the AEDs within the Council ownership.

There are also the associated costs in officer time for the recording of the inspections, scheduling of any works identified and the initial administration time for registration of the units on The CIRCUIT.

Based on the unit at Beeston offices, the below cost would apply to the maintenance of each AED unit. These costs can be seen in Table 3 (these prices were accurate at the time of writing the report).

Maintenance	Frequency	Cost
Battery.	Up to 5 years.	£238.50
Pad (recommended to have a spare set with the unit).	Up to 3 years.	£72.50
Installation.	One off cost at time of installation.	£250 (Basic cost, price will vary dependant on availability of electricity source)

Table 2: Cost of scheduled maintenance for AED units.

Funding options for the expansion of the AED network.

Currently, no external funding is available for additional AED units, so if there was agreement to expand the Council's current provision, this additional cost may need to be covered by the Council's general fund.

Potential funding of £25,000 from the UKSPF programme is currently being explored. A coordinated installation programme could align with the Council's Pride in Parks initiative, pending a play strategy review in 2025.

Appropriate guardians must be identified to monitor the AEDs once they are in situ. Their role includes ensuring the devices are intact, no equipment is missing and that batteries are fully functional. The Council currently lacks the personnel resources to conduct checks on all AEDs if they were to be installed across the majority of its Parks and Open Spaces. This is something that would need to be addressed as part of any expansion programme.

Next Steps

Next steps for the potential AED expansion are outlined in the three options presented at the end of **Appendix 1**.

Coroner recommendation: 2

There should be appropriate signage as to the exact site of the AED.

Council response and next steps: 2

At all sports pavilions, appropriate signage will be affixed to the buildings indicating the nearest AED location, even if the pavilion itself does not contain an AED. This measure will remain in place until a comprehensive programme for potential expansion is agreed upon and implemented, serving as an interim solution. This signage could be produced using current revenue budgets. A draft of the potential signage is shown in **Appendix 4**.

Coroner recommendation: 3

All public access AEDs should be registered with CIRCUIT, and a guardian allocated on CIRCUIT for each site. On an initial check many AEDs identified were not registered. If the AED is not registered, EMAS control are not aware

of their location, and then cannot direct emergency callers to them. EMAS have given an indication that they will support with the registration process if that would assist.

Council response and next steps: 3

The Council will register on CIRCUIT all AEDs located within its jurisdiction, including those in Council owned buildings and sports pavilions. In conjunction with this registration, appropriate guardians will be identified for each AED to ensure appropriate monitoring and maintenance.

Coroner recommendation: 4

All AEDs should have regular maintenance checks, to ensure there it is in good working order, and with sufficient battery and pad life.

Council response and next steps: 4

In collaboration with Council Officers, appropriate guardians will be identified to oversee the monitoring and maintenance of AEDs. The Parks and Opens Spaces Teams, along with the Health and Safety department, will develop a comprehensive monitoring and maintenance plan to ensure that any AEDs currently in use or that are planned for installation remain operational and accessible for community use.

The exact location of the nearest AED should be made known to clubs/teams when they arrive on site for a game/match. This information should also feature on Booking agreements/conditions of hire agreements. To ensure the AED location is clearly visible to all during the game/match consideration be given to the siting of a tear flag at the exact site of the AED.

Coroner recommendation: 5

All organisations/teams/clubs that book sports and public park facilities should have, where possible, a first aider who is identified at the beginning of the match/game, known to the referee/coaches. This individual should be aware of the exact location of the nearest AED (be that fixed at the site or brought by a team to the game).

Council response and next steps: 5

All organisations/teams/clubs reserving sports or park facilities must ensure that there is a designated first aider for each match. A letter will be sent to all sports teams using the park facilities by the end of October to make them aware of these requirements.

Trauma bleed control kits

These kits are mounted to a secure box and affixed to a building or post similar to an AEDs but unlike AEDs they do not require a power supply, making installation simpler. However, as with AEDs, the trauma bleed control kits do require inspection to ensure that they are still in place and that the equipment is still in date to use. Table 4 details the cost of the trauma bleed control kits, which includes the storage box, and the cost of a replacement kit.

There is an option to have a combined unit, which would contain both a trauma bleed control kit and an AED. However, if either one has been used then the box will be taken offline by the emergency services until it equipment has been checked and replaced. This potentially leaves those who may be in need of the unused piece of equipment at risk. The price of this unit is also noted in Table 3.

Equipment	Cost
Locked Emergency Bleed Control Cabinet and Kit.	£425
Replacement Emergency Bleeding Control Kit (kits will need replacing on average every 5 years if unused).	£85
Combined Cabinet, Defibrillator, and Emergency Bleed Control Kit.	£2,055

Table 3: cost of Trauma and Bleed control kits

Options an AED Borough programme

Option 1

As the provision of AEDs is not a mandatory requirement, the Council could maintain the current provision of AEDs managed by the various clubs and organisations in the Borough. To increase public awareness of the AED locations, an engagement programme could be implemented through the Council's corporate communications teams and available apps such as CIRCUIT. Additionally, a programme could be delivered to sports clubs across the Borough, emphasising the importance of AEDs and providing guidance on how to access them.

Whilst this option is cost-effective, it does carry some risk, as it relies on individuals being aware of the media campaign and knowing where to find an AED. This is where the proposed signage on the sports pavilions becomes crucial, as it will inform the public of the nearest AED locations, even if they are not situated within the pavilion itself.

Option 2

Option two involves a phased installation programme for AEDs across 30 Parks and Open Spaces sites, as identified in Table 1, **Appendix 2**. These areas have been recognised for their potential ability to support AED and trauma bleed control kit infrastructure. The installation will prioritise sports sites with existing pavilions and electrical supply. While this option positively expands AED access throughout the Borough, it does present the highest cost implications (Table 4). Consideration must be given to both initial capital as well as ongoing revenue costs, along with the need to appoint guardians for regular checks and maintenance of the units.

The Health and Safety team will oversee the checks on the AEDs. At this stage, no additional resources are required. Additionally, site specific factors, including access to necessary infrastructure and potential legal agreements with utility providers, may limit the feasibility of the installations at some of the sites. Consequently, alternative options will need to be explored if restrictions on

installations arise.

Whilst exiting funding options could be explored, as identified earlier in the report, a coordinated installation programme aligned with the Council's Pride in Parks initiative could be developed. This approach would be developed alongside the strategic review of the Play Strategy in 2025.

Number of sites	Cost of AED Units	Cost of trauma bleed control Units	Cost of AED installation	Cost of trauma bleed control kit installation	Annual Maintenance and Revenue required for AEDs (Average)	Annual maintenance and revenue required for trauma bleed control kits (Average)
30	£48,600	£12,750	£7,500	Installation to be undertaken internally.	£2,150	£550
Total						**£71,550**

Table 4: Cost installation at all appropriate sites.

Option 3

Option three proposes the installation of AEDs along with trauma bleed control kits at sites that already have a sports pavilion and suitable electrical infrastructure. This approach would reduce costs compared to option 2, whilst addressing the recommendations of the Coroner. The indicative costs for this option is detailed in Table 5. This initiative could be developed in partnership with various sports clubs throughout the Borough, where the clubs become the guardians and undertake the weekly checks and maintenance of the equipment.

Any identified maintenance issues would be addressed by the Council, which would hold the appropriate revenue budget.

Number of sites	Cost of AED Units	Cost of trauma bleed control Units	Cost of AED installation	Cost of trauma bleed control kit installation	Annual Maintenance and Revenue required for AEDs (Average)	Annual maintenance and revenue required for trauma bleed control kits (Average)
14	£22,700	£5,950	£3,500	Installation potentially to be undertaken by internally	£1,000	£250
Total						**£33,400**

Table 5: Cost installation at all appropriate pavilion sites.

Recommendation

Given the Coroner's report and the fact that the 14 pavilions already possess the necessary infrastructure for AEDs and trauma bleed control kits; it is prudent to recommend option 3 as an initial way forward. This will be undertaken as a phased delivery to be completed in two phases; the first phase by 31 March 2025 and the second phase 31 March 2026. During phase two, the Council will explore in collaboration with key stakeholder's, other high priority areas, such as town centres, to help enhance community safety.

Cabinet is asked to RESOLVE that option three is approved.