

Petitioner submission of 30 March 2023

PE1989/B: Increase defibrillators in public spaces and workplaces

Research shows that accessing a defibrillator within 3 to 5 minutes of a cardiac arrest increases the chance of survival by more than 40%”.

<https://www.independent.co.uk/news/education/education-news/defibrillators-schools-england-oliver-king-b2124924.html>

Increasing availability therefore of defibrillators in public spaces and in workplaces would save lives.

1 Scottish Government (SG) Out of Hospital Cardiac Arrest Strategy (OHCA) lacks a key element of Scottish Government funding for the provision of Public Access Defibrillators (PADs) despite their being a “crucial stage” in the “Chain of Survival” - the *crucial elements* required to save a life when someone is in cardiac arrest and are said “to ensure as many people as possible survive an OHCA”.

1.1 Re “SHOCK/Key factors” in OHCA guidance –
“S = Sourcing: Purchasing a PAD and obtaining funding”
(that is, rather than a SG strategy of providing PADs).

1.2 SG OHCA refreshed strategy “will continue our efforts to equip as many people as possible with the skills necessary to save the life of someone having a cardiac arrest, but will include a particular focus on reaching communities where we know those inequalities exist” - **but omits the provision of the “crucial element” of SG-provided PADs.**

1.3 In its OHCR Strategy, references to PADs include:

- early defibrillation to restart the heart;
- Public Access Defibrillators will be placed optimally and as accessible as possible.
- 20% of all cardiac arrests will have a defibrillator applied before the arrival of ambulance service.

The SG takes no responsibility however for the existence of said defibrillators for public access and application. SG response to Question S6W-03428 by MSP Liam McArthur 30/9/21 was “the purchasing and placement of defibrillators is the responsibility of individual businesses, local authorities, organisations or community groups”.

1.4 A recent survey study “Factors affecting public access defibrillator decisions in the United Kingdom” (by Diane Lac* et al)

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<https://pubmed.ncbi.nlm.nih.gov/36686326/>

made the following points:

1.4.1 Decision-makers want to install PADs in locations that maximise impact and benefit to the community, but ideal locations can be constrained by various social and infrastructural factors including...**limited public funding**...

1.4.2 Prompt bystander-initiated defibrillation before the arrival of emergency medical services can increase survival by up to sevenfold but lack of availability of PADs is a barrier to usage and (*instead*) need to be rapidly accessible in the event of an OHCA.

1.4.3 The typical maximum range that ambulance services in the UK use for directing bystanders to PAD in OHCA is 500 m. Recommendations from the American Heart Association suggest that PADs should be available within 1.5 minutes’ “brisk walk” from an OHCA. However, studies show that often no PADs are available, or that they are located far from where OHCA’s are likely to occur. PAD inaccessibility leads to lower usage and with poorer survival outcomes.

1.4.4 Respondents indicated that the challenge of securing funding for PADs, etc is a barrier for potential PAD hosts.

Respondents reported a reliance on communities, charities, or local organisations to raise funds for equipment, to overcome this, they expressed a strong desire for public funding to support placement of PADs throughout the community and not only in locations capable of self-raising funds.

2 Health and Safety (First-Aid) Regulations 1981 require employers to provide adequate and appropriate first-aid equipment, facilities and people so that employees can be given immediate help if they are injured or taken ill at work. This will depend on workplace circumstances and first-aid needs should be assessed, but the minimum first-aid provision on any work site is: a suitably stocked first-aid kit and appointed person to take charge of first-aid arrangements; information for employees about first-aid arrangements.

Given that Sudden Cardiac Arrest is one of the main causes of death in UK and can occur anywhere including workplaces, the petition argues that the best route to make legislative changes to widen the provision of life-saving defibrillators is by the First Aid regulations being updated to keep pace with modern, readily available and potentially life-saving equipment costing about £700 which requires no training. The biggest advantage of a PAD in the workplace is simple – it could save a life.

First Aid regulations apply to the workforce. While there is no legal duty to provide first aid for nonemployees, Health and Safety Executive strongly recommends that they are included in first-aid provision. Members of the public therefore would also have access to defibrillators (including in large supermarkets)

<https://www.hse.gov.uk/pubns/indg214.pdf>

Trades Union Congress (TUC) also advise that risk assessments must cover everyone in the workplace, including visitors.

This petition therefore calls on the Scottish Parliament to urge the Scottish Government to make representations to the UK Government to appropriately update Health and Safety at Work legislation with the inclusion of reasonable defibrillator provision in First Aid requirements therein.