Summer Stage School Proposal

August 2017

Item	Costs	Income	Notes
Set	£1500		
Show Fee/Licence	£1500		
Costumes	£1500		
Choreographer	£500		
Director/ Singing coach	£500		(Free if Lee does this)
Course Fees		£3000	Based on 20 kids
Show Tickets		£2000	
Sub Total	**£5500**	**£5000**	
Net Expenditure		**£500**	

Mon to Friday – 9:30 – 3:30

2 week fee per child of £150 (£10 a day)

20 children min - £3,000

Parents must sell ten tickets each night £2000

Show 6pm Friday 4th August & Saturday 5th August 1pm

The Alun Armstrong Theatre Performers

Proposal

We set up a group where people pay £40 membership to come part of the group.
They will stage a show around May or June time. With members performing a Christmas concert yearly or Christmas show.
They will rehearse every Thursday night in the theatre/R. rooms
All profit goes to the theatre this will be from ticket sales and raffles and bar takings.
With a name like Alun Armstrong you will get the members to audition
Costings

Noda INSURANCE	Aprox £150
Director	£500
Choreographer	£500
Musical Director	£500
Pianist	£300
Band	£2000
Set	£1,800
Costumes	£3000
Lisence for show	£500
Props	£100
Sound and Lighting	£2000
Total	11,200

Profit

Tickets sold in week (Wed – Sat) £12 a ticket	£12,000
Programes Aprox	£200
Raffle Aprox	£500
Bar Takings	£1000 (£200 aprox night)
Membership money	£1,200 (£40 per person)
Total	14,900
Total Profit	£3,700

Lee will be producer and will oversee everything.

This will encourage more people to come into the theatre and perform and will also give a chance to get some new faces through our door and look like we are doing more things for the community.

Mini Music Festivals

Proposal:

To hold several mini music festival events at the civic hall (2 minimum may be 3 if funding allows)

Themed live music events to a genre: 80s, Rock, Pop, Disco

3 bands per event plus a DJ

Aim to sell 400 standing tickets at round £10 each (group booking discounts available)

Sell at a premium balcony seating with exclusive access to upstairs toilets and bar facilities

Apply for late licences

Add some real ales and guest beers to increase sales via fastcask and single pump set ups

Costs:

Each event will cost in the region of £4000/5000 to host, band fees, promotion, staffing, security, PA and lighting set ups

Ticket, bar/café and food vending should make the events profitable after some initial investment

'A Year In Stanley'
Film Project Proposal

Simon Green
www.simongreen.co.uk
m. 077667 05261

Proposal - Film and Photography Project

In 2016 I was commissioned to provide photography for Stanley Fringe. The project that I created became 'This Is Stanley' a six month project culminating in an exhibition of over 200 photographic prints of Stanley and its people and a feature length documentary film of local people talking about the past, present and future of the town.

The printing of the exhibition was funded by Stanley Fringe. The film 'This Is Stanley' was entirely self funded and with the exception of another person to assist with interviews, all other roles were fulfilled by myself. Filming took place on minimal equipment, that was not particularly suitable for the job, but I made do with what I had. In total I photographed over 100 local people, interviewed 40, took over 6500 images, captured dozens of hours of footage. I spent almost every day for 6 months in Stanley, building the project and then hundreds of hours editing the footage into the finished film.

The film 'This Is Stanley' premiere on 31st July 2016 at the Civic Hall in Stanley, all tickets were distributed and over 350 people attended. The exhibition ran throughout August 2016 and the film played on television screens. There was a constant stream of people throughout August coming to see the exhibition and film.

The work on 'This Is Stanley' still continues with screenings taking place in community venues, with discussions about possible screenings currently taking place with the Tyneside Cinema and Beamish Museum.

After the success of the 'This Is Stanley' project I intend to continue photographing and filming in the area and create another two feature length films and a collection of photography, which will be exhibited in early 2018.

The main film will be a feature length documentary that will show a year in the life of Stanley with a particular focus on social and charitable projects in the area, to document how those organisations are propping up the community. From Community Centres, food banks, craft groups, sports clubs, to crees and more specific groups that help women, young people, veterans and those with specific illnesses as well as spotlighting individuals who make a concerted effort to make Stanley a better place. The film will also document some of the events that take place in Stanley over the space of a year. The second film will follow one of the community projects.

The project will also utilise local musicians to produce soundtracks

The films will be a reflection of some of the positive things that local communities have achieved and how they pull together to support those that need it.

The project will take place over a year from the end of 2016 to the end of 2017 with the project being exhibited during 2018. The project will be shown in small venues such as the community centres that are featured as well as larger venues. A purpose built website will be created as an archive for the photography and shorter individual interview videos will be uploaded to the site. The film will eventually be released on DVD. Photography and video clips will be released on social media and on the website throughout the process.

Both films will be entered into national and international film festivals, to promote the project and the local area. There may also be an opportunity to release the films to television channels.

The Year in Stanley project will also tie into a community project where local people with an interest in film and photography will be asked to supply footage and photographs for 'A day in Stanley'. On one specific 24 hour period in Stanley people will be asked to film and photograph and then submit the results. The footage will be edited into a film.

The cost of the project has been calculated from the cost of my previous project 'This Is Stanley'.

The cost of the new project will include some equipment, although most of the equipment will be supplied from equipment that I already own. Equipment could be rented but the cost would be prohibitive. Other costs are general operating costs including travel expenses, stationery and an allowance for travel and subsistence for anyone working or involved in the filming.

I have the skills and experience to design and build the website, so the costs for building the website will be minimal. The associated costs with the website are to cover domain name and hosting for the life of the project.

The costs related to photography are to cover printing costs and associated costs with mounting the images. I have identified a reliable, low cost printing company that produces work to the high standard required.

The costs related to Projection Equipment for screenings have not been included as this is a cost that should be met by venues, if there is a need for funding it will be sourced nearer to the date of the screenings.

Some filming and photography has already started, but principal filming (the main parts such as interviews) will begin as soon as funding has been secured.

COSTS

Costs contributed by Simon Green
Equipment over £5000
Work / Time
Estimated upwards of 2000 hrs of filming / photography / editing

Equipment £1500
Travel and subsistence £600
Insurance £100
Editing £300
Storage Media £200
Consumables and stationary £50
Photographic printing and mounting costs £1600
Domain registration and hosting £300
Promotion £200
End use - DVD's, programmes, digital storage devices £500
Festival entry fees £500
Music licensing £400

£6250

Not included: AV equipment hire for film screenings, will be sourced closer to events.

'This Is Stanley' Project

January - August 2016

Simon Green
m. 07766705261
e. simon@simongreen.co.uk
w.www.simongreen.co.uk

Initial commission

I was requested to provide photographic images to display in Stanley Civic Hall during Stanley Fringe August 2016

Delivered

Website

www.stanleyfringe.co.uk, created to promote events linked to social media. The website has had a thousand unique individuals access the website in two months.

Photographic exhibition

A photographic exhibition held at Stanley Civic Hall throughout August 2016 of 210 large (22"X16" or greater) photographic prints selected from thousands of images taken over a six month period in and around the town of Stanley, County Durham. The photographs included local views, buildings, businesses, community and social projects and most importantly people.

Over one hundred people were photographed, who either lived or worked in Stanley or travelled to to the town to use it's facilities. The intention was to show how beautiful a place Stanley is while also highlighting some of the problem areas and to promote discussion about the town.

The photographic exhibition was completely free of charge to the public.
High quality archival prints were sourced at an incredibly low cost and were displayed in an effective way but that maintained the low cost.

Photographic prints

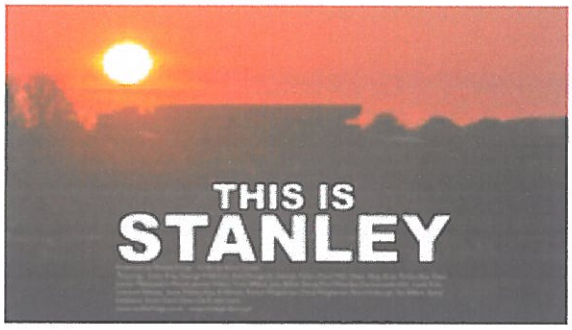
The people photographed during the project were given complementary copies of the images they featured in.

'This Is Stanley'

A 60 minute feature length documentary film featuring 40 people talking about the past, present and future of Stanley.

A trailer was produced to promote the film which has received over 3500 views on Youtube since published.

The film was shown at Stanley Civic Hall on 31st August 2016 with an audience of over 350 people. There has been incredibly positive feedback about both the film and the photographic exhibition (see comments section below). Also shown for the whole of August on television screens in the Civic Hall. The film screening was completely free of charge to the public.

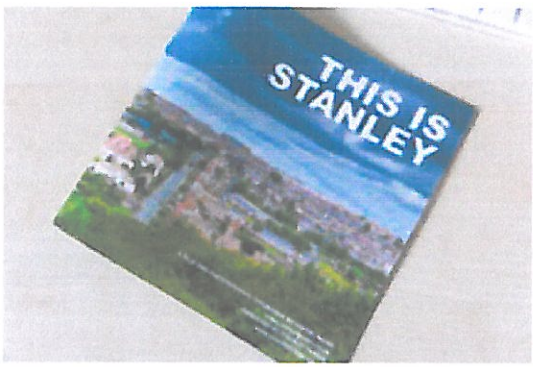


Interview videos

Short interview videos with key personalities from the film 'This Is Stanley' linked to the photographic exhibition with QR codes on the walls amongst the photography, so that there was a much more immersive experience.

Book and programme

A 100 page soft back A4 size book and a programme were produced to accompany the film. Over £500 was raised through their sale, which will be donated to Derwentside Mind a charity based in Stanley.



Promotion

Flyers, posters and promotional material were produced to advertise the exhibition and the film and widely distributed. Press releases were also sent to local press with full page and website articles in both the Northern Echo and Advertiser and other articles in local event magazines. A full page article has also been published in the Beamish Museum Magazine and Help For Heroes published an article on their website and official Facebook page (Simon is a Military Veteran).

Updates, information, videos and photographs were regularly posted to social media and the Stanley Fringe website. As a result of the promotion by the evening of the Premiere Screening all 400 tickets had been distributed with over 350 people attending.

Other

Videos and photography of performances at a music and spoken word event at the Beamish Mary, No Place to commemorate the Burns Pit Disaster. The images were edited and uploaded to social media sites and the Stanley Fringe website.

The Stanley Fringe Main Event was filmed and video clips of the performers also created for social media and the Stanley Fringe website. In total over 60 short videos were created of performances at Stanley Fringe events. All are available to view on the Stanley Fringe website.

Photography and video of the Tommy Armstrong plaque unveiling, provided free of charge to the town council to be included in the Stanley archive.

Currently there have been 7712 views over the various videos on the Stanley Fringe YouTube channel with videos of local personalities like Brian Ridley, George Wilkinson and Richie Stacey being particularly popular.

Future of the 'This Is Stanley' project

The photographic exhibition and film are to be shown at other venues in the near future with the intention of allowing anyone that did not see the premiere screening the opportunity to see the film. There are currently discussions taking place to display both the film and exhibition at other large venues.

The film is to be released on DVD at the request of people around the Stanley area and will eventually be released online as a long lasting reminder of Stanley as it was during 2016.

The film and photographic exhibition were both incredibly successful. The project brought people from the community together, helped remind the local community of the incredible place that they live and the fantastic facilities that are available, but also showed that many of the local people feel in similar ways about both the good and bad aspects of the town. The project engaged the local people and allowed them a platform to express their opinions. It is something that will be remembered into the future.

The photography exhibition was created on an incredibly small budget and the film funded entirely by myself. Because of this, there were limitations on what could be achieved. Often the work was carried out single handedly carrying out the jobs of several people with inadequate equipment.

With improved equipment and a larger budget other people could be brought to in to assist and the final result would have been much improved technically. There are some issues that have occurred during the making of the film that mean it is not up to a standard for general release or for submission to film festivals and competitions. This ultimately means that the film has a very limited life outside of Stanley and the possibility of costs being recouped are very limited.

When I arrived in Stanley I knew nobody, but now having spent six months with the people of the town, I have discovered many other people and places that would be worth capturing. Through time constraints and looming deadlines some of these were not filmed or interviewed.

There is a whole wealth of historic and social information, personal stories and memories that need to be preserved in Stanley, stories that are being told by the last generation that can actually remember the industrial past of the area and of the former thriving town. There are numerous social projects and local charities that are vital to Stanley that need to be shown and traditions such as allotments, pigeon racing and local sport that need to be promoted.

A prime example for the need to record the area as it is, is Brian Ridley's shop on Beamish Street. Brian will be retiring before the end of the year and so the shops that have remained unchanged and that he has worked from for over 40 years are very likely to change in the near future.

My work in Stanley has not finished, I continue to document the area and am currently planning several other film projects, below is an example of some of the work produced since the screening of 'This Is Stanley'






Cost of 'This Is Stanley'

Funded by Stanley Fringe

Photographic prints - £624.39
Mounting (pins, gloves, storage folder) - £30.89
Domain name and hosting - £44.24
Promotion - £61.50

Total £761.02

Funded by Stanley Town Council

programme - £175.63
AV equipment hire - £1148.46*

Total - £1324.09

Self Funded

Equipment - £560••
Travel Expenses and
Subsistence - £292
Insurance - £35
Editing - £150
Storage media - £166
Consumables and stationery - £25
printing - £290.49

Total - £1518.49

Total Cost £3603.60

* Funding for AV equipment hire only required because of errors by other parties out of our control
••There were additional associated equipment costs funded by Help For Heroes. Does not take into account the cost or depreciation of owned equipment.

Comments

Susan Thomas Jones - It was a great night and a wonderful turn out. I hope that many of the people who were there last night who perhaps haven't been in The Civic Hall for a while will agree that The Civic Hall is fantastic resource for Stanley and that they will start to support it and use it more.

Yvonne Cook - What a fabulous film you should be very proud of what you produced, proves Stanley is a brilliant community to live in Thank you for this film x

Pete Wedd - Great positive film. All three of us enjoyed "Stanley Spotting" all through the film

Angela Ramshaw - This is Stanley is a beautiful film/documentary. A great evening-moment in history. angx

Andrea St Julian - Brilliant preview tonight at Stanley civic hall. Funny,touching and informative. Congratulations Simon Green xxx

Carole Hampson - Thank You Simon the film was great, please consider making a DVD.

Chris Moon - Well done Simon I really enjoyed the film and it made me proud to live in Stanley amongst all the wonderful people.

Tim Springsteen Stokes - You should all be very proud of yourselves, a great job.

Ron Harrison - Only having met Simon Green a very short time ago I was frankly not prepared for the professionalism that we saw last night. There was humour, history, memories for us all, human interest and surprises in that you do not think of the beauty around Stanley and the potential for improvement until it is pushed in your face. I was really impressed and feel even prouder of my home and my roots well done Simon and the fringe organisers.

Judi Owens - It was an excellent evening and met loads of people I haven't seen for years. Thank you everyone who was involved I enjoyed everything.

Joan Johnston - Great photographs Simon! And it was even better to be able to see them on display today at the Fringe. Congratulations again. Real quality documentation of the 'ordinary' and making it extraordinary. They represent a lot of your time & hard work...but definitely worth it, eh?!

Billy Nixon - Well done to everyone involved. A fantastic presentation in showing Stanley at it's best. More please.

Jack Burness - Well done to all involved, made me laugh out loud in places and it was very moving at other times…

Lesley Johnson Bell - What a community we have , this is Stanley was fab, come on folks we need to show our community spirit and build Stanley to its former glory . Well done to all involved . X

Jamie Thomas - That was good! I'm glad I came. A community to be proud of. Thank you.

Frankie Elsie Ward - Thank you Kevin Reay for inviting us to the event. We loved it and Elise and Michael were over the moon that both you and Simon Green took the time to speak to them after the show! Thanks again

Amy Wylie - I think this is a great way to bring Stanley together and what amazing photos

Pauline Raffle - Thought provoking photographs that show the warmth of the people of Stanley. Rebecca Brown - Love this exhibition, it really shows how much life and humanity is here, warts n' all. The photographs are beautiful (and beautifully displayed!) and the whole event is inspiring. Well done.

Chris Affleck - Well done Simon…exhibition was excellent..plus film. Ted would of enjoyed it.

Susan Dove - Fabulous film showing just how beautiful the surrounding areas of Stanley

What a high standard has been set with this project. Superb

Dennis Calvert - Extremely enjoyable

Holly Ram - I thought the videos are really interesting and the photos are beautiful, I loved the photos of people holding the chicks (so cute). It's a great idea to show off Stanley in this way. Fab work!

Very interesting - Brilliant work!

Lynda Golightly - Really enjoyed the exhibition Simon, some excellent insights into the local community and life in the Stanley area. Well Done.

Lines - Fantastic Photos. Really enjoyed this shot of Stanley life! Lovely to see local people so lovingly portrayed.

Good to see Stanley being documented from a range of different perspectives. This reflection can remind people of the overlooked positives and assets we have here. Interesting stories within the film. Photographs show some of the great scenery here and are beautifully shot. We need to keep doing more things like this.

3rd visit and still more to see. I hope these photos go on show elsewhere. Brilliant.

A fantastic display. Made me see Stanley in a different light.

Geoff - Thanks Simon for a new perspective on a town I've known for most of my life. Superb.

Kelsey - Fantastic to see genuine people. The photos really bring out the characters, loved the scenic views and music.

Just can't get over this. It is fabulous. WELL DONE XX

Thank you for displaying these very thought provoking photographs, warts and all. I love the positive aspects, excellent photography and opinions from local people.

Mrs D Joseph - Thank you for bringing out the characters of those photographed. Took so much love to see the real person behind the worldly personality. Thank you for a lovely visit.

Geoff Hind - Quality pictures showing life, personality and grit of the people of Stanley.

George Ledger - Well done Simon a great exhibition showing the real Stanley. It was good to see so many familiar scenes and people in a new and positive manner. Well Done.

S Peel - Wonderful exhibition, you truly captured the 'Real Stanley'!

Gillianne Meek - Eeeeeeh goodness, you've got me wondering why I left. Hope this is a really successful night. Honestly it brought a lump to my throat hearing those accents and seeing those sights

MORIA-(CON)VENTION FUNDING PROPOSAL

Moria meaning "Black Chasm" the dwarf mine from Lord of the Rings seemed a hugely appropriate name, given Stanley's mining heritage.

In its first two years Moria-Con has attracted towards 3000 visitors, as an event it has been well received and enjoyed by a wide variety of people from the curious to the North-Easts convention regulars. Mori-con offer a spectacle rarely seen in Stanley and I'm sure you will agree brings a buzz to the town centre.

MORIA-CON FORMAT

The event again would consist of a full day programme of activities, attractions, interactive displays, markets stalls, cos-play competitions, talks and Q&A sessions, film screenings, comic art workshops, retro gaming, desktop and computer gaming.

COSTINGS:

Based on estimated costs of setting up such event and may vary depending on timescales and or final agreed format of the event

Venue hire	£1200
Insurances	£300
Guests / Speakers / Hotels / Travel / Fees	£2000
Exhibit hire / performer hire / workshops	£3000
Cos Play/Skit/Gaming Competitions, trophies / prizes	£500
Publicity, Advertising, signage, banners, wrist bands and Printing	£500
Website	£200
Event Safety Stewarding / Radio hire	£800
Equipment Hire/ Van / Tables / Volunteer expenses / contingency	£500
TOTAL	£9000

DELIVERY:

Event to be held late July 2017

To host the event in one location (Louisa and outdoor space adjacent, civic to provide café/bar facilities).

Event to be organised and delivered by a constituted group, holding its own bank account.

Detached Youth Project

Detached Youth Work defined: In its purest form, detached youth work is a form of street-based youth work provision, which operates without the use of a centre and takes place where young people "are at" both geographically and developmentally.

Detached work is seen as more than trying to encourage young people to utilise existing provision and is used as a method of delivering informal and social education and is concerned with addressing whatever needs are presented to or perceived by the youth worker.

Project Focus

While all youth projects thrive by addressing the needs of the young people who access the service there is also a core focus that runs alongside any expressed need:

- Tackling anti-social behaviour
- Sexual health/relationship advice and guidance
- Well-being, self-esteem and mental health awareness
- Healthy and active lifestyles
- Promoting positive activities and good citizenship
- Basic Life skills

Project Target

Young people aged 11-19 (or up to 25 if young people have additional needs or a disability)

Project Delivery

A weekly session by 2 qualified youth workers, holding sessions timed at 2.5hours each, over a period of a year or the equivalent of 130 hours of youth work per worker incorporating sessions use for offsite visits and structured activities. Planning and preparations sessions held quarterly consisting of 2 hours per session.

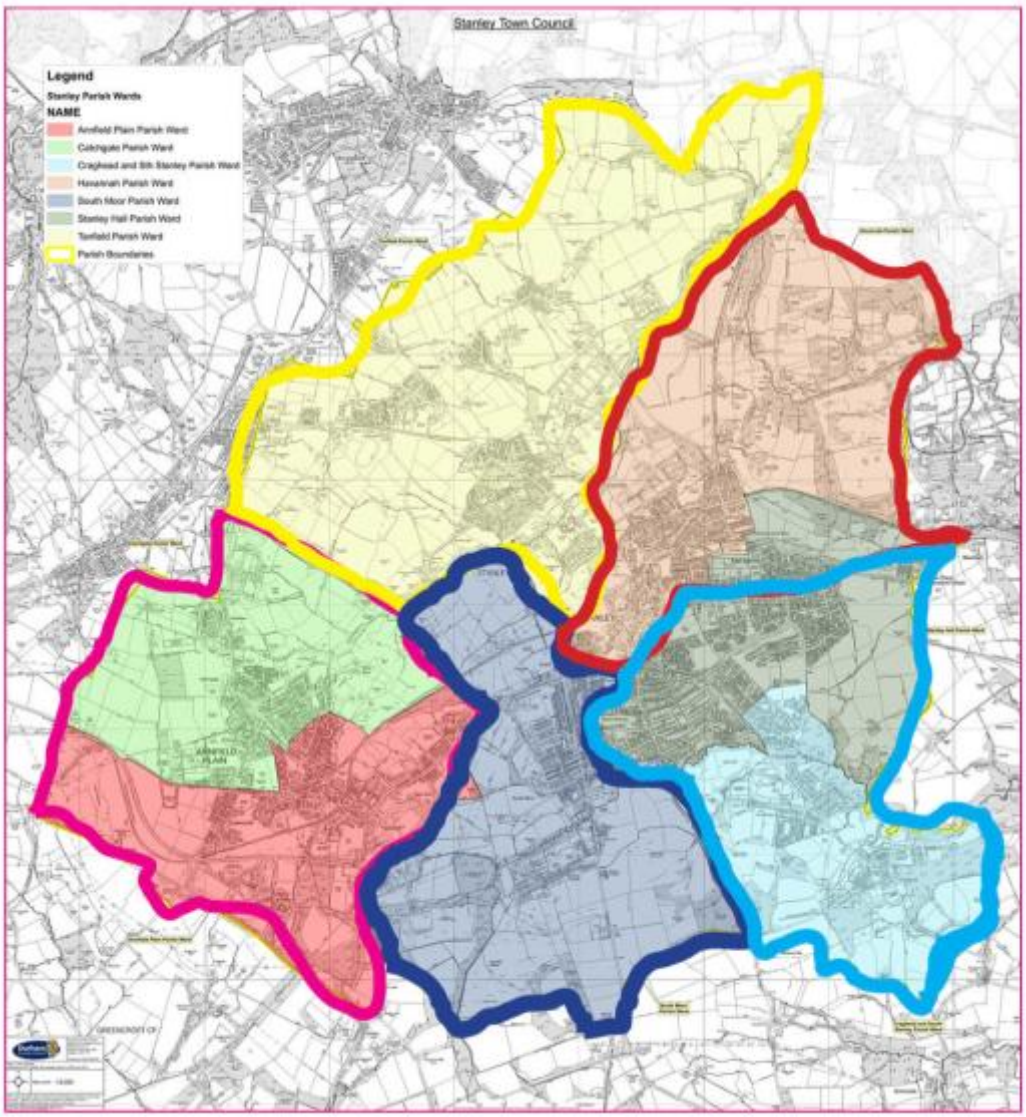
Direct Local Provision

Youth provision with direct grassroots links to ward members, community groups/partnerships, police/warden and service providers, utilising local knowledge and intelligence to meet and engage with young people. Being reactive to local need as they arise, having the flexibility to respond to unpredicted issues.

Ward Splits

Form the 7 wards in to 5 linked areas of action

Annfield Plain / Catchgate
South Moor
Havannah / Stanley Hall
Tanfield
Craghead and South Stanley /Stanley Hall



Budget

Form the 7 wards in to 5 linked areas of action

	Single Action Area	Parish Wide
Staffing	4140	20700
Activity Budgets	2000	10000
Resource's	500	1500
Insurances	500	750
Promotion/printing	200	500
Communication/Web	150	400
Weekend residential activity and travel *(optional)*	1000	5000
Residential staffing *(optional)*	600	3000
Admin/Payroll/Project Management	1810	8500
TOTAL	10900	50350

Item 9 - ATTACHMENT J

Consett Salvation Army Church & Community Centre

Majors Barbara & Ian Fawcett
Commanding Officers

Tel: 01207 504795
Mob:
Email:
ian.fawcett@salvationarmy.org.uk
barbara.fawcett@salvationarmy.org.uk

Date: 12 October 2016
Ref: Council Grants 2015/16

Nicola James
Stanley Town Council
Civic Hall
Front Street
Stanley
DH9 0NA

Dear Nicola

We have the following amounts unused from the Grants awarded in December 2015 for our Christmas Toy Appeal and our ongoing Caritas Fund (School uniform provision).

We would like to carry over into our 2016 Toy Appeal the unused £1529.10 and into 2017 for the Caritas Fund the unused £1212.23.

Should the council agree to this request we would not be asking for financial assistance until October 2017 for the 2017/18 appeals.

Yours sincerely

RECEIVED
12 OCT 2016

Ian Fawcett
Major
Consett Corps Officer

New Price Plan

Room	Business price	Party/event	Current prices
Theatre	£450 (5 hour)	£450 (5hour)	£450
Main Hall	£50	£50	£50
Bamburgh Suite	£25	£40	£45
Lumley	£18	Free if party in hall	£15
Alnwick	£15	£15	£12
Durham	£12	£12	£12

20% off Charities

STANLEY TOWN COUNCIL

Town Council Grit Bin Service

Prepared for Crime & Community Safety Committee 5th October 2016

Prepared by: James Harper 22nd September 2016

INTRODUCTION

Council has decided that it would be beneficial to provide an extra Grit Bin Service to the residents of Stanley. As you are aware it has been a long process as we needed the Principal Authority Durham County Council (DCC) to relax its and policy to allow the Town Council to provide this facility. We have now been granted permission from DCC to carry this service out. Reference to the decision Council **RESOLVED** at its meeting on 23/02/2016 that:

"(i) the assessment criteria for the provision of salt bins should be clarified; and

(ii) the Town Clerk should explore the costs of providing and maintaining our own salt bins on private land." *(Minute #548 of 2015/16 refers)*

CURRENT POSITION

A number of sites were identified by members in respect of the proposed need for additional Salt Bins. These locations have been plotted on maps and checked against the assessment criteria for bin provision by myself and an Officer from DCC.

In Total 19 sites were identified. All of the proposed sites were visited and assessment carried out with a point scoring process, when i asked Members to provide possible sites to be considered. I made it clear that not all sites would be approved following the criteria applied in the DCC Policy.

I advise that we have had 11 sites approved for the Town Council to provide its own salt bins. Below are the 11 approved sites.

(i) A suitable location outside/near Catchgate School

(ii) Near 157 Holly Hill West (just off Tyne Road Bank) opp School

(iii) Chester Road Estate/old people area – Grassed section outside 53-56

(iv) Near entrance to Harelaw Gardens

(v) Good Street Estate – Steep hill/turning left onto the estate

(vi) Errington Drive/Tanfield Lea – Outside No 34

(vii) Junction at Thorntree Terrace & Penshaw Gardens

(viii) West Kyo – Outside the Earl Grey PH

(ix) Top of bank – Outside the Crown & Thistle (Catchgate)

(x) Outside Harelaw Church at the top of Carrmyers

(xi) Keir Hardie & Marx Crescent (South Stanley)

FINANCIAL IMPLICATIONS

The bulk of cost towards providing this service is in the initial outlay for the bins and installation costs. I have agreed with DCC that there will be no charge for refilling of the bins when individual stock levels of bins are low, however it will be down to our Environmental Caretakers to carry out and check on levels. Members should be aware that this service is in addition to the winter gritting routes, so will have an opportunity cost in relation to the work the team currently do.

We will need to ensure the bins have Town Council branding to ensure get recognition for their presence. This will have a cost. In most cases the bins will not need to be secured to the ground, however when installation of the bins is carried out. I will need to make an assessment at the time of installation for each bin location and consider if additional securing measures are necessary, (a small budget will be required for this).

Please be aware the schedule of costs below is over estimated to ensure we can cover any hidden costs that may arise as this is a new service, it is hard to provide exact figures.

Item	Cost (£)
Bins*	3250
Branding	1000
Installation	500
TOTAL	**4750**

*Figures based on 13 bins, one for each location and 2 stock

RECOMMENDATION

Committee should **RECOMMEND** that

(i) Full Council **AUTHORISES** the Town Clerk to incur expenditure to implement the proposals outlined in the report.

(ii) The existing gritting routes should be left as agreed with Durham County Council to reflect that gaps in provision are being addressed by the provision of additional salt bins. The current routes were proposed by DCC fHighways maintenance services to have the biggest impact in terms of footfall etc.

(iii) Review the provision of bins in 12 months or as problems arise It is good practice to review our winter maintenance service works for 2016/2017.

A guide to Automated External Defibrillators (AEDs)

By
Resuscitation Council (UK) and British Heart Foundation

Resuscitation Council (UK)

British Heart Foundation

December 2013

Contents

By
Resuscitation Council (UK) and British Heart Foundation

Edited by
Dr Michael Colquhoun

A guide to Automated External Defibrillators (AEDs)

This document is designed to provide information about automated external defibrillators (AEDs) and how they can be deployed in the community to help resuscitate a victim of sudden cardiac arrest.

Summary

1. Sudden cardiac arrest (SCA) is a leading cause of premature death, but with immediate treatment many lives can be saved. SCA occurs because the electrical rhythm that controls the heart is replaced by a chaotic disorganised electrical rhythm called ventricular fibrillation (VF). The quicker VF can be treated by defibrillation the greater the chance of successful resuscitation. Seconds count, and the ambulance service is unlikely to arrive quickly enough to resuscitate most victims.
   More information in section 1 and section 2

2. Many SCA victims can be saved if persons nearby recognise what has happened, summon the ambulance service with the minimum of delay, perform basic cardiopulmonary resuscitation (particularly chest compressions) and use an AED to provide a high energy electric shock to restore the heart's normal rhythm. Each of these stages is a link in a chain of events that provide the best chance of success, but the critical factor is the speed with which the shock is given.
   More information in section 2 and section 3

3. AEDs are easy to use, compact, portable and very effective. They are designed to be used by lay persons; the machines guide the operator through the process by verbal instructions and visual prompts. They are safe and will not allow a shock to be given unless the heart's rhythm requires it. They are designed to be stored for long periods without use and require very little routine maintenance. Several models are available from the manufacturers or through medical equipment companies.
   More information in Section 3 and section 13

4. AEDs have been installed in many busy public places, workplaces, or other areas where the public have access. The intention is to use the machines to restart the heart as soon as possible. This strategy of placing AEDs in locations where they are used by lay persons near the arrest is known as public access defibrillation (PAD). Training to use an AED is an extension of the first aid skills possessed by first aid personnel and appointed persons. AEDs have been

used successfully by untrained persons, and lack of training should not be a deterrent to their use.
More information in section 4. Separate information is included about AEDs in the workplace (section 8) and schools (section 9). Information on training is contained in section 11.

5. In the United Kingdom, there are very few legal barriers to PAD. A rescuer who has acted appropriately to help a victim of SCA should not be sued regardless of the outcome.
More information in section 6

6. The important factors to consider when contemplating installing an AED at any location are discussed. The decision should be made in partnership with the local ambulance service who will advise about their purchase, installation and other practical information.
More information in section 5 and section 7.

7. AEDs should be placed or stored where they are most likely to be needed; they must be accessible with the minimum of delay. All persons working at the site need to be aware of their purpose and location, and the steps to be taken should someone collapse. This will include calling the ambulance service and activating the organisation's emergency response plan to get the AED and those best trained to use it.
More information in section 5 and section 12

1. Introduction

Defibrillation is one crucial stage in a sequence of events that need to occur for the resuscitation of a victim of sudden cardiac arrest (SCA). This sequence, or 'chain of survival', starts by summoning the emergency services as soon as possible. The second stage is providing basic cardiopulmonary resuscitation (chest compressions alternated with rescue breaths) to keep the victim alive until the third stage (defibrillation) can be performed.

The automated external defibrillator (AED) has been described as the single most important development in the treatment of SCA. These devices are now widely available and increasingly used by people, often with little or no training, to re-start the heart of a victim of SCA. Under ideal circumstances, when used very soon after collapse (within two or three minutes), many can survive.

The crucial determinant of survival is the interval between collapse and the use of the AED to deliver a shock. The strategy, therefore, is to have an AED installed at a place where it might be needed so that it can be accessed quickly by someone nearby, taken to the person who has

collapsed, and used before the arrival of professional help. This arrangement is known as Public Access Defibrillation (PAD).

In this guide we explain the background to defibrillation and describe some important practical aspects of setting up an AED programme or PAD scheme. The information will help those considering establishing an AED programme in any public place. This will include the workplace, school, gym, or a transport, shopping or sports facility. Similarly the information will be relevant to those wishing to make an AED generally available by placing one in a prominent place in their local community. It is not intended as a guide for the purchase of an AED for use in the home.

2. Background

SCA is an important cause of death in all developed western countries. In Europe, around 1 in 1,000 of the population suffers SCA each year, so in the UK there are likely to be approximately 60,000 cases annually. In England, the ambulance service attempt resuscitation in approximately 25,000 cases per annum but at present, only a small proportion survive.

Most cases of SCA are due to an abnormality of the heart's electrical rhythm called ventricular fibrillation (VF) in which the electrical impulses that normally control the heart become chaotic and uncoordinated. The heart stops beating (i.e. it ceases to act as a pump) and the circulation of blood stops. Death is inevitable unless the condition is recognised promptly and defibrillation is carried out. Defibrillation is the use of a high-energy electric shock that stops the chaotic rhythm of VF and allows the normal, organised, electrical rhythm of the heart to re-start. This can allow the pumping action of the heart to return.

The major factor limiting the number of people who survive SCA is the ability to provide defibrillation within a critical time. Conditions for defibrillation are optimal for only a very few minutes after the onset of VF, although this period can be extended if a bystander provides effective cardiopulmonary resuscitation (CPR), particularly chest compressions. For details about this see http://www.resus.org.uk/pages/bls.pdf. Nevertheless, the victim's chance of survival falls by around 7 - 10% with every minute that defibrillation is delayed. Only rarely are the emergency medical services able to attend and provide defibrillation early enough, and the best way of ensuring prompt defibrillation is for someone nearby to use an AED to deliver the shock that can often save a life.

The term 'heart attack' is often used to refer to SCA, but this is incorrect. A heart attack (or myocardial infarction) occurs when an artery ('fuel pipe') supplying the heart with blood ('fuel') becomes blocked. This usually causes chest pain and leads to damage to some of the muscle of the heart. It may cause SCA, particularly in the early stages, but this is by no means inevitable.

However, the risk of this happening emphasizes the importance of summoning immediate help for anyone with a suspected heart attack, so that they can receive treatment to reduce the damage to their heart and reduce the risk of SCA. As soon as a heart attack is suspected, the nearest available AED should be brought to the scene as a precaution in case the victim does go on to suffer a cardiac arrest, in which case it can be used without delay and maximize the chance of survival.

There are many other causes of SCA, and it is not usually possible at the time to be sure of the precise cause, which requires carrying out tests in hospital. The priority is to provide immediate treatment, as this is the same in the early stages, regardless of the cause.

3. The Automated External Defibrillator (AED)

All that is required to use an AED is to recognise that someone who has collapsed may have SCA and to attach the two adhesive pads (electrodes) that are used to connect the AED to the patient's bare chest. Through these pads the AED can both monitor the heart's electrical rhythm and deliver a shock when it is needed. The AED provides audible instructions and most models also provide visual prompts on a screen.

The AED will analyse the heart's electrical rhythm and if it detects a rhythm likely to respond to a shock, it will charge itself ready to deliver a shock. Some devices then deliver the shock automatically without needing any further action by the operator; others instruct the operator to press a button to deliver the shock (these are often referred to as 'semi-automatic' AEDs). After this the AED will tell the rescuer to give the victim CPR. After a fixed period (two minutes in current guidelines), the AED will tell the rescuers not to touch the victim while it checks the heart rhythm and a further shock is given (if it is needed). Using an AED in this way allows the provision of effective treatment during the critical first few minutes after SCA, while the emergency services are on their way.

Modern AEDs are very reliable and will not allow a shock to be given unless it is needed. They are, therefore, extremely unlikely to do any harm to a person who has collapsed in suspected SCA. They are also safe and present minimal risk of a rescuer receiving a shock. AEDs require hardly any routine maintenance or servicing; most perform daily self-checks and display a warning if they need attention. Most AEDs currently offered for sale have a minimum life-expectancy of ten years. The batteries and pads have a long shelf-life, allowing the AED to be left unattended for long intervals. More details are given in section 9.

These features of AEDs make them suitable for use by members of the public with little or no training, and for use in PAD schemes.

As well as having an AED on site (and people trained to use it) it is also vital that as many people as possible learn basic skills in cardiopulmonary resuscitation. This entails recognising that someone may have suffered SCA, calling the emergency services (999 or 112), and then performing chest compressions and rescue breaths. This basic first aid will maintain an oxygen supply to the brain and other organs and make it more likely that the heart can be re-started by defibrillation. The priority in the early stages is to provide chest compressions, and if a rescuer is unable or unwilling to provide rescue breaths uninterrupted chest compressions should be given.

4. AED programmes

The use of AEDs by people who were not health professionals was introduced in the UK as a government-led initiative (the 'Defibrillators in Public Places Initiative' 1999) which placed AEDs in airports, railway stations, and other public places where ambulance service records showed that SCA occurred most frequently. Staff working in these places were trained in CPR and to use AEDs that were positioned nearby. See http://www.resus.org.uk/pages/bls.pdf and http://www.resus.org.uk/pages/aed.pdf. Experience has shown that this strategy was effective and it has saved many lives.

With the growing public awareness and acceptance of AEDs, and their increasing availability, many more AEDs have been provided in public locations through national lottery funding, local fund raising or by the British Heart Foundation (BHF) and other charities.

5. Establishing an AED programme or PAD scheme

Is an AED needed here?

This question may arise because:

a) Someone has placed one in a similar location or organisation.
b) A cardiac arrest has occurred at the location and treatment had to wait for the arrival of the ambulance service. Not unnaturally there is a feeling that the event might have been managed more efficiently.
c) An approach is made by those promoting the purchase and deployment of AEDs.
d) Employers are considering their statutory duties under the Health and Safety at Work Act 1974 and associated regulations.
e) Occupiers of premises (including sporting and recreational establishments) are considering their civil law 'duty of care' to visitors and users of their facilities.

In general, the more likely it is that an AED will be used, the more worthwhile it is to provide it. Unfortunately there are no generally agreed criteria on which to base definitive advice on whether

or not to provide an AED in any specific place, but consideration of the following points should help a decision to be made:

- SCA affects predominantly middle-aged and older people (more men than women). Some younger people (including athletes and elite sportspeople) suffer SCA or sudden cardiac death; this is much less common but may attract understandable public attention.
- People with underlying heart disease (particularly ischaemic heart disease, in which the coronary arteries are narrowed) are particularly vulnerable.
- The greater the number of people present in or passing through any one place the greater the risk of SCA occurring there.
- SCA often occurs during exertion. The stress of travel is also a recognised precipitant, but in many other cases there is no recognised trigger.
- The purpose of installing an AED is to deliver a shock as soon as possible after SCA - if possible within five minutes at the most. Delays in fetching the AED or obtaining a code to unlock a cabinet may reduce the chance of success.
- Although untrained members of the public have used AEDs successfully to save life, the great majority of successful AED use has been by trained people (albeit people with modest training) who were nearby. It is essential to have people on site who are willing to be trained to use the AED.
- In a workplace situation, it will be sensible to train first-aiders or 'appointed persons' in the use of an AED. However other, untrained, members of staff should be instructed that if a person collapses and no trained person is readily available, they should use the AED, following the verbal and other prompts that it gives. They should be reassured that they will not be subject to any criticism or blame, and will be shielded by the Employer's Liability Insurance against any litigation if the person dies. By using an AED they cannot make the victim's condition worse since the device will only discharge its shock if the victim has a heart rhythm that will lead to death if they do not receive a shock.
- The ability to perform CPR is a vital skill that increases survival, and can buy time until the AED can be used.

These points should be considered against the background knowledge that ambulance services *cannot guarantee* an immediate response to an individual call, even when it is given high priority. Even when they can attend promptly, it is only on exceptional occasions that they will be able to attend and provide defibrillation within the 3 - 5 minute time window that is the objective - one that has often been achieved by PAD schemes.

By considering each of these points in any individual situation, a practical decision about whether or not to install an AED can usually be made.

6. Legal issues

In some countries, and in most states in the USA, 'Good Samaritan' legislation protects those who go to the help of others. No such legislation exists in the UK, so many people's first major concern is the legal situation of those who attempt to resuscitate someone. Might a potential rescuer be sued after trying to resuscitate someone who has collapsed? The short answer is that it is very unlikely that a potential rescuer could be sued.

In English law, for someone to be held liable it would have to be shown that the intervention had left the victim in a worse situation than if there had been no intervention. In the circumstances under discussion (i.e. someone who is technically dead following a cardiac arrest) it is very unlikely that this would arise. No case brought against someone who tried to provide first aid has been successful in the UK, where the courts have tended to look favourably on those who try to help others. This subject has been considered in detail, and detailed legal advice is offered elsewhere on the Resuscitation Council (UK) website: http://www.resus.org.uk/pages/legal.pdf

The second concern is whether someone might be sued for failing to have an AED available when someone sustained a cardiac arrest - there have been high-profile cases in other countries where this has happened. Legal advice on this subject is also available on page 16 of the document mentioned above.

7. Working with the ambulance service

People who want to install an AED need access to help and guidance, for example on exactly where to place it, how to make sure that it is most likely to save a life, and how to arrange training to support this. The local ambulance service is a ready source of expertise on the provision of resuscitation services and can offer practical advice about the potential value and effectiveness of an AED in any situation, and about training in CPR and the use of AEDs. Contact should be made with the community response officer or a community defibrillation officer. Details of contact points for all ambulance services in the UK are provided in appendix 1.

Most ambulance services already train community first-responders and equip them with AEDs and other basic equipment, so that they can respond to local emergencies that they can reach more quickly than an ambulance. They are, therefore, well aware of the challenges facing all users of AEDs and any organisation that installs an AED.

The protocols used in ambulance control rooms aim to maximize the contribution that those present at the scene of an emergency can make before the ambulance arrives. The call-takers will encourage people at the scene to give CPR and to use an AED if available, and may know the location of the nearest AED if it has previously been made known to them and entered on their database. The Resuscitation Council (UK) encourages all owners of AEDs to register these devices with their local ambulance service so that the AED can provide maximum benefit. This can include use of the AED outside the specific premises where it is situated.

In some places first-aiders working at a particular location have made themselves available to be contacted by ambulance control and sent (with their AED) to cases of possible cardiac arrest in their immediate vicinity. The local ambulance service will be able to advise on the potential for this type of arrangement.

8. AEDs in the workplace

The aim of installing AEDs in the workplace is to protect the workforce and also protect members of the public. Concentrating on the workforce, the incidence of cardiac arrest in the workplace in the UK is not known accurately, but in the USA (population 312 million), 400 deaths from SCA are reported to the Occupational Safety and Health Administration each year http://www.osha.gov/dts/tib/tib_data/tib20011217.pdf

The Institution of Occupational Safety and Health (IOSH) commissioned a survey of 1,000 business decision-makers across the UK and found that 513 did not have AEDs in their workplace. Almost two thirds of the negative responses came from medium to very large companies. It appears, therefore, that whilst almost half the companies surveyed did have AEDs available, many did not.

Employees who have had first aid experience make ideal potential AED operators. Employees who are currently designated “first-aiders” will have undertaken a 3-day First Aid at Work training course or a 1-day Emergency First Aid at Work training course. Others, who are designated “appointed persons” under the First Aid at Work Regulations often attend an optional half-day course in which emergency resuscitation is covered. It will be a logical extension for both types of courses to include instruction in the use of an AED.

At the time of writing there are efforts being made to promote the introduction of legislation to make the provision of AEDs mandatory in the workplace, schools, sports venues, and certain public buildings. Notwithstanding the outcome of this, the factors listed in 5 (1) above will help guide a decision about placing AEDs in any individual workplace. Clearly when the workforce is large or

there are substantial numbers of visitors, this will add additional weight to the case for an AED being made available.

9. AEDs in schools

Fortunately SCA in school-age children is rare, but when it does occur it is a particularly tragic event. Several cases have received wide publicity, and specialised charities provide valuable information to health professionals and to the public to increase awareness and promote knowledge on the subject, as well as promoting research and improving recognition and treatment of the underlying causes. The precise incidence is not known as there is no national registry of such events in children, and post-mortem examinations do not always identify the cause (many of the cardiac conditions that cause SCA in this age group are not detectable after death).

A study to investigate the causes of cardiac arrest at schools in Seattle (population 1.5 million), a city with the best data collection for 'out-of-hospital' cardiac arrest in the world, reported 97 cardiac arrests over a 15 year period. Cardiac arrest occurred at 1 in 111 schools per year. This represented 2.6% of all cardiac arrests treated outside hospitals over the period. Twelve arrests occurred in students, 33 in teachers and other staff, and 52 in other adults not employed at the schools; thus almost 90% of the arrests occurred in adults rather than pupils. The estimated incidence of cardiac arrest in students was 0.18 per 100,000 students per year and in teachers and other staff 4.51 per 100,000 staff members per year. No particular part of a school was found to be a high-risk area but 6 of the 12 student cardiac arrests occurred during exercise; other reports have mentioned a predominance of athletes among student victims of SCA.

An AED in a school is likely to be used very infrequently, and is more likely to be used on an adult than a pupil. However, an undoubted advantage of having AEDs in schools is that the students will become familiar with them and can learn about their purpose; this could be incorporated into classes on first aid, including training in CPR. School-age children have been shown to be capable of using AEDs in simulated cardiac arrest scenarios, and all schoolchildren should be taught emergency life-saving techniques.

10. Obtaining an AED

Several manufacturers supply AEDs directly to the purchaser or through subsidiary medical equipment sales companies. An internet search will reveal many models and options, making choice confusing. Most of the AEDs currently aimed at basic-level responders are suitable for community AED schemes. Some models are designed for use by more highly trained responders (and have additional features like ECG screens), but these are not appropriate for basic-level responders. The ambulance service may provide recommendations (usually based on compatibility with the models they use). Important differences between models include the cost of buying the AED itself, the cost and shelf-life of batteries, the cost and shelf-life of the electrode pads, the

duration of manufacturer's guarantee, and the after-sales services provided. All these factors should be considered when making a choice. It can be useful to ask others about their experience with a particular AED before going ahead with a purchase.

The purchase of more than one machine usually reduces the unit price, and such discounts should be sought when several AEDs are purchased. Large organisations (e.g. a supermarket chain) buying many devices should consider a formal competitive procurement exercise as substantial savings can be made.

For many years the BHF has funded AEDs and continues to do so. Enquiries about how to apply and the criteria for successful applications should be through the BHF website www.bhf.org.uk - search for 'Defibrillators Save Lives'. You will be directed to your local ambulance service who will be able to consider supporting your application; they will ask if you are a public access defibrillator site (PAD) or part of a community first responder scheme.

The BHF is clear that early defibrillation is part of the chain of survival which includes calling 999 or 112 in the event of witnessing a cardiac arrest in the community and commencing cardiopulmonary resuscitation as soon as possible. All these stages contribute to a successful outcome in cardiac arrest in the community.

11. Arranging training for responders

We have already seen that the crucial factor in the resuscitation of someone from VF is to provide a shock from an AED with the minimum of delay. Time should not be wasted if trained staff are not immediately available. Untrained people have used the devices successfully to save life and lack of training (or recent refresher training) should not be a barrier. Provided someone is prepared to use the AED they should not be inhibited from doing so.

There are advantages, however, of having a core number of appropriately trained personnel; training people to use an AED can be achieved quickly without major cost. Providers of training include the ambulance service, the first aid organisations (e.g. the British Red Cross, St John Ambulance, St Andrews and Royal Life Saving Society) and private training companies. Choice of training provider will depend on what is available locally, the numbers being trained, and the pre-existing level of expertise of the trainees. Clearly, skilled first-aid-at-work employees will usually need less training than those with no first aid knowledge or experience.

Increasingly, on-line or distance-learning programmes are being offered and may be used more widely in the future, particularly for refresher training. The Resuscitation Council (UK) has produced 'Lifesaver', an interactive app, which teaches CPR and BLS as an interactive educational

programme. Lifesaver is available at https://life-saver.org.uk/ and can be played on a computer, smartphone, or tablet. It is completely free and is a very useful educational resource for this type of training.

A detailed statement of training requirements is available at http://www.resus.org.uk/pages/AEDtrnst.htm and many frequently asked questions are dealt with at http://www.resus.org.uk/pages/faqAED.htm

12. Installing the AED

The most important consideration is that those who might need to use an AED know where it is kept and how to access it quickly. No barrier should be put in the way of anyone collecting it when it is needed; it should not be locked away and inaccessible.

There is understandable concern that an AED in a public place may be at risk of theft or vandalism. Where there is a definite high risk that an AED may be stolen or damaged, any arrangements to protect it will almost certainly create delays in getting it to the person who is in immediate need of it. On the other hand an AED that has been stolen or damaged will be of no use to anyone. Our general advice is that AEDs should not be kept locked, but if the risk of theft or vandalism is considered significant, any protective measures must be accompanied by a reliable arrangement to minimize the delay in obtaining access when it is needed.

Most AEDs located in public places are kept in protective cabinets; the standard sign for an AED should be used to show where it is stored http://www.resus.org.uk/pages/AEDsign.htm. Various types of cabinet are available offering different levels of security and weather-proofing. With many, the door is alarmed so that when the AED is removed an alarm is activated, but local circumstances will determine the need for this feature.

In the workplace, it is vital that all employees know that there is an AED present, where it is, and what it is for. Installing the standard sign for an AED nearby will help. Equally important is that everyone knows exactly what they should do to raise the alarm in the event of accident or sudden illness. Organisations with AEDs should consider having a formal policy to facilitate this.

AEDs should be located as close as possible to their most likely place of use. This will usually be determined by the layout of the building or venue and by the number of people at potential risk in each place. Security considerations may play an additional role. During the early implementation of the National Defibrillator Programme it was decided to place AEDs no further than two-minutes brisk walk from the places that they were likely to be used, and this precedent could act as a practical guide.

It is recommended that the local ambulance service is made aware that an AED is available at a particular location and whether it can be accessed at all times or only (for example) during office hours; this information can help ambulance call-takers guide those initiating a resuscitation attempt.

13. Maintenance

Users of an AED are not expected to carry out any maintenance tasks other than replacing expired batteries, electrode pads, and other consumable items (razor, airway adjuncts, plastic gloves). Even then, the shelf-life of these (unused) is usually 3 - 5 years, so any maintenance tasks are infrequent. In all cases the manufacturer's instructions should be followed.

All currently available AEDs perform regular self-checks and if a problem is detected it will be indicated. In most cases they show this by a warning sign or light visible on the front of the machine. Those owning an AED should have a process in place for it to be checked regularly and frequently (ideally daily) for such a warning, and for appropriate action to be taken when necessary. If this task is delegated to individuals, allowance must be made to ensure that the checks are not neglected during absence on holidays, sick leave etc. Most manufacturers provide a replacement AED while one is removed for servicing, and the arrangements for this should be clarified and agreed during the process of buying the AED.

14. Event reporting and debriefing

When an AED is used, the electrocardiogram showing the heart rhythm and details of any shocks given are recorded on an electronic memory contained in the device. This information should be downloaded immediately after the event as the record can provide crucial information that may be needed to ensure that the patient receives the correct treatment afterwards. This downloading will usually be done by the ambulance service.

The process is usually straightforward with modern devices (merely connecting the AED to a computer) but details of how this is done should be clarified when buying the AED. Special software is usually required and is provided by the manufacturer. The need to have this at a location should be decided at the outset, preferably in conjunction with the ambulance service.

Debriefing for anyone involved in a resuscitation attempt, regardless of the outcome, is important. Arrangements for this should be made by those responsible for the medical supervision of the AED programme. In most cases, the ambulance service (who will already have been involved with the incident) will be able to advise.

Appendix - Ambulance service contacts

East of England Ambulance Service

Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk

Tel: 01954 712400 ext. 8500

Email: responderadmin@eastamb.nhs.uk

Website: www.eastamb.nhs.uk

East Midlands Ambulance Service

Derbyshire, Leicestershire, Rutland, Lincolnshire, Northamptonshire and Nottinghamshire.

Tel: 0115 884 5000

Email: community.responder@emas.nhs.uk

Website: www.emas.nhs.uk

London Ambulance Service

Greater London including the area enclosed by the M25

Tel: 020 7783 2532

Email: voluntaryrespondergroup@lond-amb.nhs.uk

Website: www.londonambulance.nhs.uk

North East Ambulance Service

County Durham, Northumberland including Tyne and Wear, Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees.

Tel: 0191 2264013

Email: firstresponder@neas.nhs.uk

Website: www.neambulance.nhs.uk

North West Ambulance service

Cumbria, Lancashire, Merseyside, Cheshire, Greater Manchester

Tel: 0845 0021999

Email:

Cheshire and Mersey: rob.hussey@nwas.nhs.uk

Greater Manchester: david.mcnally@nwas.nhs.uk

Cumbria and Lancashire: mark.evans@nwas.nhs.uk

Website: www.nwas-responders.info

South Central Ambulance Service

Berkshire, Buckinghamshire, Hampshire and Oxfordshire.

Tel: 0800 587 0207

Email: cfr@scas.nhs.uk

Website: www.southcentralambulance.nhs.uk

South East Coast Ambulance Service

Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire

Tel: 01737 363815

Email:

Kent: kent.cfr@secamb.nhs.uk

Surrey: surrey.cfr@secamb.nhs.uk

Sussex: sussex.cfr@secamb.nhs.uk

Website: www.secamb.nhs.us

South Western Ambulance Service

Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Bath and North East Somerset, Bristol, Gloucestershire, Wiltshire, North Somerset, South Gloucestershire, Swindon

Tel: 01392 261646

Email: responders@swast.nhs.uk

Website: www.swast.nhs.uk

West Midlands Ambulance Service

Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire, Birmingham, Solihull, Black Country.

Tel: 01384 215555

Email: cfrs@wmas.nhs.uk

Website: www.wmas.nhs.uk

Yorkshire Ambulance Service

Tel: 0845 1203155

Email: responders@yas.nhs.uk

Website: www.communityresponders.yas.nhs.uk

Guernsey Ambulance Service

Tel: 01481 725211

Email: dean.delamare@ambulance.org.gg

Website: www.ambulance.org.gg

Isle of Wight Ambulance Service

Tel: 01983 534111

Email: ambulancehqadmin@iow.nhs.uk

Website: www.iow.nhs.uk/ambulance

Scottish Ambulance Service

Tel: 0131 314 0000

Email:

North: scotamb.CommunityResilienceNorth@nhs.net

West central: scotamb.CommunityResilienceWestCentral@nhs.net

East central: scotamb.CommunityResilienceEastCentral@nhs.net

South: scotamb.CommunityResilienceSouthEast@nhs.net

South West: scotamb.CommunityResilienceSouthWest@nhs.net

Website: www.scottishambulance.com

Welsh Ambulance Service

Tel:

North: 01978 366204

South: 02920 932917

Central: 08448 700222

Email:

North: FirstResponder.North@ambulance.wales.nhs.uk

South: FirstResponder.South@ambulance.wales.nhs.uk

Central: FirstResponder.Central@ambulance.wales.nhs.uk

Public Access Defibrillation

02920 932917 Adrian.Hooper@ambulance.wales.nhs.uk

Website: www.ambulance.wales.nhs.uk

Northern Ireland Ambulance Service

Tel: 02890 400734

Email: first.response@nias.hscni.net

Website: www.niamb.co.uk

Resuscitation Council (UK)
5th Floor, Tavistock House North
Tavistock Square
London
WC1H 9HR

www.resus.org.uk I enquiries@resus.org.uk

British Heart Foundation
Greater London House,
180 Hampstead Road,
London
NW1 7AW

www.bhf.org.uk