

**National Assembly for Wales**  
Petitions Committee

**Mandatory Welsh legislation to  
ensure Defibrillators in all public  
places - Report on the Consideration  
of a Petition**

July 2015

Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



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# Petitions Committee

The Petitions Committee was established on 15 June 2011. Its role is to consider all admissible petitions that are submitted by the public. Petitions must be about issues that the National Assembly has powers to take action on. The petitions process enables the public to highlight issues and directly influence the work of the National Assembly. Its specific functions are set out in Standing Order 23.

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## Current Committee membership:



**William Powell (Chair)**  
Welsh Liberal Democrats  
Mid and West Wales



**Russell George**  
Welsh Conservatives  
Montgomeryshire



**Bethan Jenkins**  
Plaid Cymru  
South Wales West



**Joyce Watson**  
Welsh Labour  
Mid and West Wales

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## The Committee's Recommendations

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The Committee's recommendations to the Welsh Government are listed below, in the order that they appear in this Report. Please refer to the relevant pages of the report to see the supporting evidence and conclusions:

**Recommendation 1.** We recommend that the Welsh Government takes steps to raise public awareness of the benefits of Automated External Defibrillators (AEDs) including that they can be used safely by untrained people. (Page 20)

**Recommendation 2.** We recommend that the Welsh Government ensures that all firefighting vehicles in Wales are equipped with AEDS. (Page 20)

**Recommendation 3.** We recommend that the Welsh Government takes steps to ensure that the location of all publicly available AEDs in Wales is registered with the Welsh Ambulance Service Trust. (Page 20)

**Recommendation 4.** We recommend that the Welsh Government considers taking steps to ensure that AEDs are available and made fully accessible in Welsh public places, for both responders and the general public to use. In doing so, the Government should consider what is reasonable and practicable given the size, location and footfall of the places concerned. (Page 20)

**Recommendation 5.** We recommend that the Welsh Government considers, and keeps under review, whether legislation is needed to underpin the need for the registration of publicly available AEDs in Wales and to provide 'Good Samaritans' reassurance to untrained members of the public who may use them to try to save someone's life. (Page 20)

## The Petition

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1. The following petition<sup>1</sup> was submitted using the Assembly's online petitions system by Mr Phil Hill an advanced nurse practitioner and prescriber:

*Title* - Mandatory Welsh legislation to ensure Defibrillators in all public places

*Text* - We call on the Welsh Government to provide funding to ensure that, as with basic fire fighting equipment (eg. Extinguishers), Automated External Defibrillators are available in all Welsh Public places (either NHS, Charity or Privately funded) to ensure the rapid treatment of any Victim of Cardiac arrest.

*Supporting Information* - Wales has led the way with important Public Health issues such as the smoking ban/s and the organ donor issue. Unlike fire extinguishers and first aid kits there is currently no legislation in the UK to ensure that Automated External Defibrillators are available to treat victims of sudden Cardiac Arrest in Public. Several recent high profile incidents have demonstrated how important they are in saving lives in our communities.

2. The petition gathered 78 signatures online.

### **Public Access Defibrillation (PAD) - Background**

3. Sudden cardiac arrest (SCA) is a leading cause of premature death. There are approximately 8,000 sudden cardiac arrests annually in Wales. Defibrillation is one crucial stage in a sequence of events that need to occur for the resuscitation of a victim of 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 (CPR) (chest compressions alternated with rescue breaths) to keep the victim alive until the third stage (defibrillation) can be performed. When someone goes into cardiac arrest, every minute without CPR and defibrillation may reduce their chance of survival by 10 per cent. In many cases, the ambulance service is unlikely to arrive quickly enough to resuscitate the patient.

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<sup>1</sup> Petition reference number P-04-471



4. A defibrillator is a machine that delivers an electric shock to the heart when someone is having a cardiac arrest. These machines are also called automated external defibrillators (AEDs). The AED has been described as the single most important development in the treatment of SCA. AEDs are designed to be used by lay persons; the machines guide the operator through the process by verbal instructions and visual prompts, and they will not allow a shock to be given unless the heart's rhythm requires it. However, the British Heart Foundation has previously noted.<sup>2</sup>

“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.”

5. AED machines may cost from £800 to £1,200 for a basic model. They are designed to be stored for long periods without use and require little routine maintenance, although there may be some additional cost in relation to the shelf-life of batteries and electrode pads.

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<sup>2</sup> A guide to Automated External Defibrillators (AEDs) - Resuscitation Council (UK) and British Heart Foundation - December 2013

## **Consideration of the Petition by the Committee**

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### **Initial Committee Consideration**

6. The Committee considered the petition for the first time on 16 April 2013 and agreed to write to the following seeking their views on the petition:

- The Minister for Health and Social Services;
- Welsh Local Government Association (WLGA);
- Fire and Rescue Services across Wales;
- Police Forces across Wales
- One Voice Wales; and
- British Retail Consortium

7. Subsequently, the Committee agreed to write asking for an update on progress on provision of defibrillators in public places to:

- the Welsh Ambulance Service Trust (WAST);
- the British Heart Foundation; and
- Local Health Boards (LHB) in Wales.

### **The Petitioners' ambitions**

8. The petitioner is an advanced nurse practitioner and prescriber working within the Welsh NHS. He submitted the petition while researching for a Master's degree to develop a pilot tool with the public on awareness of, and attitudes to, public access defibrillators. He outlined<sup>3</sup> the following main areas for action that he hopes consideration of the petition will begin to address:

- Raising Public Awareness of AEDs - to improve knowledge of who can use them and how to use them;
- Raising Awareness of Business and Service Providers - to assist them in the establishment of the risks versus the benefits of providing AEDs to consumers and clients;
- A single AED Device for Wales - to help improve recognition, minimise costs and help standardise training;

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<sup>3</sup> Considered at the Committee's meeting on 10 December 2013

- Location of Public Access Defibrillator (PAD) AEDs –making it easier to find where public access defibrillators are located;
- Regular maintenance checks for PAD AEDs;
- Training – particularly to enable support of untrained lay rescuers; and
- Legislation – to provide a framework for the foregoing, to ensure that PAD AEDs are available in all services in Wales that have public areas and consideration of “Good Samaritan laws” to reassure and protect lay rescuers.

### **Consideration of Written Responses**

9. The Committee considered responses to its request for information at its meetings on 2 July 2013 and on 10 December 2013.

#### ***Minister’s Response***

10. The Minister for Health and Social Services’ response<sup>4</sup> said:

“The Welsh Government recognises the value of defibrillators in certain circumstances and the Welsh Ambulance Trust (WAST) has introduced them into key public areas such as train stations, as well as carrying out resuscitation training for the public on their use.”

And:

“On 8 May I launched *Together for Health – A Heart Disease Delivery Plan*. ... Delivery Theme 3 [of the plan] *Fast and Effective Care*, includes a priority for Local Health Boards, working with WAST and the British Heart Foundation, to review provision of defibrillators in public places and community first responders to ensure adequate provision and training.”

#### ***Other Responses***

11. Substantive responses were also received from the following organisations and the petitioner also submitted further detailed written background<sup>5</sup> to the petition:

- WAST

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<sup>4</sup> Letter of 9 May 2013 – Considered at the Committee’s meeting on 2 July 2013

<sup>5</sup> Considered at the Committee’s meeting on 10 December 2013

- Welsh Local Government Association (WLGA)
- Police Services in Wales
- South Wales and Mid and West Wales Fire and Rescue Services
- Powys, Betsi Cadwaladr, and Cardiff and the Vale LHBs

12. All responses received by the Committee supported the benefits of early defibrillation and the need to ensure adequate provision of AED equipment in public places. Among the issues that were brought to the Committee's attention as a result of these responses or in briefings commissioned by the Committee were:

*Role of ambulance trusts*

13. Ambulance trusts, including the Welsh Ambulance Services NHS Trust (WAST) in Wales, have responsibility for implementing early defibrillation schemes in community settings.

14. WAST works in partnership with other organisations, including the Welsh Government, to provide equipment and training on the use of defibrillators under the Public Access Defibrillator Scheme (PADS). The purpose of PADS is to identify public areas that will benefit from the installation of AEDs and having volunteers trained to use this equipment as well as perform basic life support. Under PADS, AED machines have become accessible in places such as railway stations, shopping centres, museums and churches.

15. WAST's letter to the Committee<sup>6</sup> stated that it had a full-time PADS manager who coordinates over 300 PAD sites across Wales, with over 450 defibrillators in situ at these sites, and has delivered training to 5,500 people across Wales to support these sites. WAST notes that increasing the number of PAD sites is a priority area of work.

16. In a complementary strategy to PADS, an ambulance control centre may dispatch community first responders equipped with an AED, where they might be able to reach a patient more quickly than a conventional ambulance. Additionally, there are co-responder schemes where members of other uniformed emergency services, including the fire and rescue services and police, respond on behalf of WAST. These co-responders will also carry an AED.

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<sup>6</sup> Letter of 5 August - Considered at the Committee's meeting on 10 December 2013

17. AEDs are carried on all Welsh Ambulance Service ambulances and rapid response cars and, following Welsh Government investment in August 2013, are now also placed on all Patient Care Service (PCS) vehicles.

#### *Fire and Rescue Services*

18. However, as highlighted in the Mid and West Wales Fire and Rescue Service response,<sup>7</sup> not all fire engines are equipped with AED devices. The Service states that there is ‘significant scope’ to enhance its life-saving ability by equipping frontline fire appliances with AEDs.

#### *Location of defibrillators*

19. In its guidance on AEDs,<sup>8</sup> the British Heart Foundation advises that anyone wishing to install an AED should approach the relevant ambulance trust:

“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.”

20. 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 the use of the AED outside the specific premises where it is situated.

21. It is however likely that not all AEDs purchased by individual organisations will have been registered with an ambulance trust, there may therefore be a lack of overview or comprehensive information as to the locations of all AEDs in Wales.

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<sup>7</sup> Letter of 15 May 2013 - Considered at the Committee’s meeting on 2 July 2013

<sup>8</sup> A guide to Automated External Defibrillators (AEDs) - Resuscitation Council (UK) and British Heart Foundation - December 2013

22. The Committee wrote to the Welsh Local Government Association (WLGA) seeking information on where defibrillators are placed and the role local authorities have in deciding on the location. The WLGA responded<sup>9</sup> saying that it lacked the capacity to collect this information:

“It would in turn require all authorities to undertake an extensive and potentially costly survey not least of all in terms of leisure centres, libraries, schools, residential care homes etc.”

23. Powys Teaching Health Board also stated:<sup>10</sup>

“At present we do not currently hold a list of where these devices are placed, this would need to be established as part of the planning process as these devices may be provided locally independently of the Health Board.”

24. The further information provided by the petitioner (December 2013) suggested there should be a period of evidence gathering to establish the whereabouts of AEDs in Wales.

#### *Health Boards’ review of provision*

25. The letter from the Minister for Health and Social Services (9 May 2013) referred to the Welsh Government’s then newly published Heart Disease Delivery Plan. This included a priority for Local Health Boards, working with the Welsh Ambulance Services NHS Trust and the British Heart Foundation, to review provision of defibrillators in public places and community first responders, to ensure adequate provision and training.

26. It is not clear from the responses received what progress has been made in taking this work forward. The response from Betsi Cadwaladr University Health Board<sup>11</sup> notes that work is underway in its area, and that progress will be included in the Health Board’s local heart disease delivery plan/North Wales cardiac network work programme to 2016.

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<sup>9</sup> Letter of 2 May - Considered at the Committee’s meeting on 2 July 2013

<sup>10</sup> Letter of 15 August - Considered at the Committee’s meeting on 10 December 2013

<sup>11</sup> Letter of 6 August - Considered at the Committee’s meeting on 10 December 2013

## Oral Evidence from the Petitioner

27. In the light of the written responses, the Committee agreed to invite the petitioner to present his proposals to the Committee and answer questions from Members of the Committee.

28. The Committee subsequently took oral evidence from the Petitioner, Mr Hill, at its meeting on 29 April 2014. Mr Hill was accompanied by Mr Richard Lee, a clinical services manager and paramedic with WAST and by Ms June Thomas a community campaigner to get defibrillators placed in local schools. Ms Thomas's 15 year old son, Jack, had died as a result of sudden cardiac arrest.

### *Ease of Use*

29. As well as presenting the reason for the petition and answering Members' questions, the petitioners also gave the Committee a demonstration of the use of PAD. The demonstration can be found on [www.senedd.tv](http://www.senedd.tv), [1 hour and 19 minutes into the webcast for the meeting<sup>12</sup>]. The demonstration lasted less than 4 minutes and aimed to show how straightforward the devices are to use and how little if any training is needed as the device itself provides automated instructions.

30. As Richard Lee explained to the Committee:

“A defibrillator, as June has already said, is a £1,000 device—there is one on the table here—that is increasingly designed to be used by somebody with no formal training. The machine talks when you turn it on; it gives you very clear instructions on what to do, including starting by telling you to remain calm and giving some reassurance to the user. There are a lot of myths about AEDs that they might make the situation worse. It is impossible to inappropriately treat a patient with an automated defibrillator. That is the whole point of them being automated; they will deliver an electric shock only to somebody whose heart has stopped and whose heart is in a particular type of rhythm when it has stopped.”<sup>13</sup>

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<sup>12</sup> <http://www.senedd.tv/Meeting/Archive/e83c549b-53cc-4079-b653-1585c6af568b?autostart=True>

<sup>13</sup> Petitions Committee Transcript 29 April 2014 para 114

31. Addressing concerns that the devices might be used inadvertently in inappropriate situations, Mr Lee told the Committee:

“... if someone has fainted and they are unconscious, we would encourage people to stick the pads on and turn the machine on; the machine will then either advise an electric shock if the patient is in cardiac arrest, or will not if the patient has fainted. These machines are used in large organisations on a daily basis, such as the London Underground, Virgin Atlantic and British Airways. Due to the number of people that they deal with every day, they will apply these machines every day and they are used very safely.”<sup>14</sup>

32. On the optimum time to use the devices in an emergency, he told the Committee:

“The evidence shows us that if someone’s heart stops, within three to four minutes their brain will start to suffer through lack of oxygen. So, the first three or four minutes in a cardiac arrest are vital. It is vital that someone starts CPR because that will buy time. It is vital that someone dials 999 to get professional help on the way, and it is vital that someone delivers an electric shock through a defibrillator. If those things are done in the first three or four minutes, that will give the patient the greatest chance of survival. As Phil said, with every minute that passes between someone’s heart stopping and a defibrillator being applied, the chance of survival dwindles by 10%.”<sup>15</sup>

### ***Improving Public Awareness***

33. The petitioner drew the Committee’s attention to the wide availability of PADs. However, he was concerned that there were a number of misconceptions among the public, including that there was a requirement in some circumstances to provide them and that only trained personnel can use them.

“I think that this is why the legislation is important. As I have shown, a lot of places, especially clinical areas, have a defib already, but, even among professionals, there is a

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<sup>14</sup> *ibid* para 138.

<sup>15</sup> Petitions Committee Transcript 29 April 2014 para 140



misconception about who can use it and who they should let have it. As we have said, perhaps some focus could be put on changing the law to make people aware of their commitment of making a defib available 24/7, and, instead of just buying defibrillators all the time, making cabinets available, and reassuring people about legislation, litigation, and the fact that they are really foolproof. So, I think that a lot of the barriers are around legislation and funding, when, as hopefully the map demonstrates, there are already an awful lot of defibs out there in Wales—extrapolated across the entire area—that could be co-ordinated with public training and charity work, as well as with the ambulance service.”<sup>16</sup>

34. Ms Thomas outlined some of her work to make defibrillators more widely available in schools:

“My experience of Jack was that he was a 6 ft 3 in healthy boy who never had any underlying health problems whatsoever. It was such a shock. He was just sat on the sofa and his heart just stopped and we still do not know to this day what happened to Jack. The school rallied around. I also work with another charity, called CRY—Cardiac Risk in the Young. I have a heart-screening programme coming into Oakdale Comprehensive School on 6 June, which would have been Jack’s eighteenth birthday. Along with that, I thought about the defibs; the screening and the defibs go hand in hand. So, I approached the schools first. I approached Oakdale Comprehensive School and spoke to the headteacher there. He was more than willing to have a defib, and have charities coming in to train all of the children. There are four other schools now involved.”<sup>17</sup>

### ***Improving Availability***

35. Mr Lee explained that the staff in the ambulance service contact (999) centres are alerted by the computer system to information about where AEDs are located near to callers. However this information was incomplete and could be improved. He said:

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<sup>16</sup> Ibid para 117

<sup>17</sup> Petitions Committee Transcript 29 April 2014 para 133

“A lot of companies will have provided a defibrillator in their workplace, and we need to find a way to make sure that all of those are captured.

“I think that the big opportunity is for us to ensure, in Wales, that, where there is a defibrillator in a building, as Phil says, it is available 24 hours a day to the local community. That is as simple as the defibrillator being mounted in a cabinet on the outside of the building rather than being locked away in the building when that facility is closed. We know that a considerable number of cardiac arrests do not occur in public places, but occur at home. The thing that will make cardiac arrest a disease of the past is for a defibrillator to be widely available immediately for people in domestic situations. That can be achieved only by increasing the number of defibrillators that are available to the public in their residential areas.”<sup>18</sup>

36. Addressing concerns that, as valuable pieces of equipment, they might be stolen or damaged if they were placed openly on public display, Mr Lee said:

“In all the train stations, they are in unlocked cabinets. Certainly, in Swansea, there is one right in the centre of the city in an unlocked cabinet. I am only aware, over the past five years, of one occasion when a machine went missing and, following a front-page article in the local paper, it was miraculously returned to a local police station, having been found. So, we do not see these things going missing. As you say, fire equipment does not go missing and this would be similar.”<sup>19</sup>

### ***Funding***

37. The Committee was told that the devices cost around £1,000 each. The petitioners believed this represented excellent value for money. Ms Thomas told the Committee:

“... Obviously, as a mum, losing a child, it is about the importance of having this equipment to save a life; £1,000 is

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<sup>18</sup> Petitions Committee Transcript 29 April 2014 para 120-121

<sup>19</sup> Petitions Committee Transcript 29 April 2014 para 149

nothing and, as Phil has already said, the public should have easy access to it so that everybody can use it.”<sup>20</sup>

38. Mr Lee gave examples of the value of the devices compared to their cost:

“There is one leisure centre in Wales that I am aware of that, on three occasions over the past five years, has resuscitated people before we have arrived. That is really powerful for a device that costs £1,000. Those are three young people who have gone home to their families to lead a well life. In terms of the prudent healthcare agenda, good outcomes are prudent healthcare. Reviving somebody who goes on to live a functional life after their injury or illness is a good example of spending health money wisely. With every minute that goes by, that outcome becomes worse and, therefore, the patient will need more support in future.”<sup>21</sup>

### ***Need for Legislation***

39. The petitioner explained to the Committee what he believe any new legislation in Wales should particularly address:

“...it is about having them available. That is the key, in the same way as we have fire extinguishers available. As you say, nobody really worries about, ‘Oh my God, if I use this fire extinguisher now, will I get sued?’ There should be the same mentality with the defibs.”

40. He summed it up in this way:

“International evidence is starting to emerge that with simple, co-ordinated public awareness and training campaigns, reinforced with public access defibrillator legislation, survival rates can not only be doubled, but more than tripled on occasion. I feel passionately that AEDs should be treated with the same, if not greater, importance as first aid kits, firefighting equipment and even river rescue equipment, which have similar laws under health and safety legislation to reinforce their importance. As with the smoking bans and the

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<sup>20</sup> Ibid para 112

<sup>21</sup> Ibid para 142

organ donation law, I feel that, yet again, Wales could lead the way in the UK on this vital public health and life-saving issue.”<sup>22</sup>

## **Report to Assembly**

41. In the light of the evidence received the Committee agreed to report to the Assembly on the matter so that the important issues raised could be debated more fully by the Assembly in Plenary.

## **The Committee’s View and Recommendations**

### ***Value of AEDs***

42. Automated External Defibrillators are now widely available throughout Wales. When a patient goes into cardiac arrest every minute without CPR and defibrillation may reduce their chance of survival by 10 per cent. The evidence that has been presented to us demonstrates that AEDs help save lives and increase survival rates. Although they are not inexpensive items of equipment, the cost compared to the potential benefits appears to be a more than reasonable one to pay.

43. Many public buildings provide AEDs and they are often prominently displayed in much the same way as firefighting equipment. From the evidence we have heard, there is widespread support from professionals - the fire, rescue, police and health services - and from government at all levels in Wales for the benefits of early defibrillation and for the widespread availability of AEDs in public places.

### ***Availability of AEDs***

44. There is already considerable provision in many locations throughout the country. Indeed some may feel that their presence has become ubiquitous. We were therefore, somewhat surprised to learn that there is no legal or other requirement to provide devices in public buildings. We were also surprised to learn that not all fire engines are equipped with AED devices.

45. Although they may be widely available, there is no central register of the location of devices. The ambulance and rescue services may be unaware of a nearby device which could assist a member of the public

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<sup>22</sup> Petitions Committee Transcript 29 April 2014 para 111

who has made an emergency phone call. Even Local Health Boards do not know the locations of all AEDs in their area, particularly if they are provided independently of the Health Board.

46. We understand the concerns from local government at the resource implications of establishing where defibrillators in their area are located. However, we are not convinced that establishing this information will be such an extensive and costly exercise as they might fear.

47. We are aware that the Welsh Government has launched 'Together for Health - A Heart Disease Delivery Plan' and that an element of that work will focus on the provision of defibrillators and adequate training in public places. We feel that some of the key concerns we discovered as part of our consideration of the issue may help contribute towards implementing that plan.

### ***Use of AEDS***

48. We were also pleasantly surprised to learn how straightforward these devices are to use. The demonstration given to us - during the course of a Committee meeting - brought home that these devices are very simple to use and that it is difficult if not impossible to do so in a way that causes harm.

49. We understand that many members of the public, who are unaware of their simplicity of use, may be reticent to use them in real life saving situations. Nevertheless, there seems little doubt that they are capable of being used by nearly everyone with very little if any training. This single fact is perhaps the one that struck us most strongly.

### ***Recommendations***

50. What we have heard has convinced us that there is a greater need to install more AEDs in public places, and to ensure the ones that are already available, are made more accessible, with barriers to untrained people operating them being removed as far as possible.

51. We recognise that by installing more AEDs in Wales there will be a greater need for training and particularly raising public awareness of their use. However, we fully support the main aim of the petition.

52. Drawing on this we make the following recommendations to the Welsh Government:

**We recommend that the Welsh Government takes steps to raise public awareness of the benefits of Automated External Defibrillators (AEDs) including that they can be used safely by untrained people.**

**We recommend that the Welsh Government ensures that all firefighting vehicles in Wales are equipped with AEDS.**

**We recommend that the Welsh Government takes steps to ensure that the location of all publicly available AEDs in Wales is registered with the Welsh Ambulance Service Trust.**

**We recommend that the Welsh Government considers taking steps to ensure that AEDs are available and made fully accessible in Welsh public places, for both responders and the general public to use. In doing so, the Government should consider what is reasonable and practicable given the size, location and footfall of the places concerned.**

**We recommend that the Welsh Government considers, and keeps under review, whether legislation is needed to underpin the need for the registration of publicly available AEDs in Wales and to provide 'Good Samaritans' reassurance to untrained members of the public who may use them to try to save someone's life.**

## **Conclusion**

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53. We would like to thank the petitioner and his colleagues for their hard work and dedication and for drawing our attention to this important issue.

54. We would also like to place on record our thanks to all those who responded to our request for information.

## Witnesses

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The following witnesses provided oral evidence to the Committee on the dates noted below. A transcript of the oral evidence session can be viewed in full at:

[www.senedd.assembly.wales/documents/s27391/29%20April%202014.html?CT=2#def](http://www.senedd.assembly.wales/documents/s27391/29%20April%202014.html?CT=2#def)

<i>29 April 2014</i>	<i>Organisation</i>
Mr Phil Hill	Lead Petitioner
Richard Lee	Clinical Services Manager and Paramedic, Welsh Ambulance Service Trust
June Thomas	Community campaigner for availability of Defibrillators



## List of written evidence

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The following people and organisations provided written evidence to the Committee. All written evidence can be viewed in full at:

[www.senedd.assembly.wales/ielIssueDetails.aspx?IId=6285&Opt=3](http://www.senedd.assembly.wales/ielIssueDetails.aspx?IId=6285&Opt=3)

<i>Organisation or Person</i>	<i>Date evidence considered</i>
Petitioner	– 2 April 2013 – 2 July 2013 – 10 December 2013 – 29 April 2014
Minister for Health and Social Services	– 2 July 2013
Welsh Local Government Association	– 2 July 2013
North Wales Police	– 2 July 2013
Dyfed-Powys Police	– 2 July 2013
South Wales Police	– 2 July 2013
South Wales Fire and Rescue Services	– 2 July 2013
Mid and West Wales Fire and Rescue Services	– 2 July 2013
Welsh Ambulance Service NHS Trust	– 10 December 2013
Betsi Cadwaladr University Health Board	– 10 December 2013
Powys Local Health Board	– 10 December 2013
Cardiff and Vale University Health Board	– 10 December 2013
Gwent Police	– 10 December 2013