Staying fit while saving lives:
How David Lloyd Leisure health clubs built a life-saving Powerheart® AED program

CASE STUDY
David Lloyd Leisure in Europe:
How one company saved over 100 lives

David Lloyd Leisure (DLL) is responsible for employee and customer safety in multiple high-volume locations. The company has 95 health clubs throughout Europe, including 83 sites in the United Kingdom (UK) alone. With over 6,000 employees and more than 486,000 members, the company receives 26 million club visits a year. Since 1998, the DLL staff has used automated external defibrillators (AEDs) to save the lives of more than 100 people.

Why AEDs Matter

There’s no legal requirement in the UK for fitness clubs to have AEDs on their premises. But the health and safety experts at David Lloyd Leisure insist on having AEDs readily accessible to everyone at their busy fitness clubs. This policy, along with staff training in AED use, has made a world of difference: Since 1998, more than 100 lives have been saved at their clubs.

One of Europe’s largest health and fitness businesses, DLL started its AED programme in 1998. At first, this simply meant ensuring that every club had a defibrillator at hand. But the return-on-investment in terms of lives saved was immediate, and the company nurtured the AED programme. Caleb Brown, who joined the company in 2000, has been involved in the development of the company’s AED training programme as part of its overall safety training. Today, an AED is brought immediately to the scene of any health incident that occurs in a DLL club.

“My belief is that every fitness facility should have an AED, even if there’s no legal requirement,” said Caleb Brown, Health and Safety Manager at DLL. “AEDs have become so affordable, easy to deploy and to learn, so this is really easy for a health club to do — they’ve already got team members available to act when called upon.”

While the survival rate for people who suffer outside-of-hospital sudden cardiac arrest (SCA) in the UK is less than 9 percent, according to the Resuscitation Council (UK), the survival rate for someone who suffers SCA or other serious health incident at one of the DLL clubs over the last 5 years is 86 percent.

Choosing an AED

All of the DLL clubs have Cardiac Science Fully Automatic Powerheart® GS AEDs with Intellisense™ CPR Feedback. “I did a lot of research before upgrading to the Powerheart GS,” Brown said. “It was definitely the right decision. We’ve had such success with Cardiac Science AEDs; it would have been foolhardy to move away from a device that has been so successful in enabling us to deliver such fantastic results.”

Ensuring readiness is paramount. Powerheart GS AEDs include Rescue Ready® technology that automatically self-tests the main components (battery, hardware, software, and pads) every day. When the device is nearing time to replace a battery or pads, the Rescue Ready indicator on the AED turns red and sounds an alert to bring attention to it. The rugged Powerheart GS AEDs offer greater ease of use than earlier models, with real-time rescue CPR feedback and fully automatic shock delivery. They include a medical-grade battery with a 4-year operational replacement guarantee and 2 sets of adult electrodes with CPR feedback feature (one being pre-connected to the AED with the second acting as a spare for use following a rescue).

With DLL sites increasing in number throughout Europe, it’s true to say that English may not be the first language of a rescuer. DLL recognised this and make full use of the dual-language feature available within the GS range of devices. The chosen default language can be changed at the push of a button to the second language specified even after a rescue has started returning to the default language once the lid is closed after the rescue is complete.

Any time an AED is used, the club replaces the used pads with the spare set of pads packed with each device. Brown, or one of his DLL health and safety team colleagues, then visits the club to download data from the AED for hospital use, write an incident report, and supply a new set of spare pads.

Key to a Successful AED Program

Brown, who took on a leadership role in the AED programme in 2006, has designed training for club employees that enables them to respond with maximum speed, confidence and efficiency when a cardiac incident occurs.

“Because of the voice prompts, even a bystander can use an AED,” Brown points out. “With a training programme, you give people the ability to react faster in an event, which is going to increase chances of survival.”

Ambulance response times in urban areas in the UK are on average 8-12 minutes, Brown noted, but for an SCA victim, that is often too late. Brown’s goal has been to train staff to get the AED to the victim, and the defibrillator pads on the victim’s chest, within one minute.

“I believe that some businesses overestimate the amount of training that is required for a successful AED programme,” Brown says. “Our training is only two hours for an employee, once a year. With just that basic training in the vast majority of incidents requiring an AED, we are able to get the pads onto the chest in less than a minute.”

The company deploys an AED for any incident in which someone collapses and stops breathing. Brown said. Staff members have saved more than 100 lives and achieved an 86 percent survival rate.

DLL was named as the 2013 UK Heart Safe Gym of the Year and it became the first private leisure company to be accredited by the London Ambulance Services, based on its AED training and AED deployment. DLL is also holds the Cardiac Smart ‘Gold’ award from the North West Ambulance Service.

“What makes the difference is having an AED that’s easy to use,” Brown said. “It’s good deployment, so the AED is nearby, and it’s the training and skills of the team members. All this shortens our time to shock delivery, and that’s what’s saving lives.”

1 Survival rates from OHCA in England: The average overall survival to hospital discharge from 28,000 EMS-treated OHCA in England is 8.6%.

(source – Resuscitation Council (UK) Consensus Paper on Out of Hospital Cardiac Arrest in England (16-10-15) ref 1)"