



Joint statement on defibrillators in locked or coded cabinets

The British Heart Foundation and the Resuscitation Council (UK) have pioneered strategies to improve the success rate in the resuscitation of victims of out-of-hospital cardiac arrest. Both organisations have worked in partnership with the Department of Health to deliver policies that have led the world in this field.

A key component in the success of national schemes has been the wide availability for lay use of automated external defibrillators (AED) that deliver a shock to reverse ventricular fibrillation (the most common form of cardiac arrest) and thus allow effective cardiac rhythm to be re-established. This is most likely to be successful when given very soon after the onset. Optimal conditions for defibrillation are present for only 1-2 minutes with success rates decreasing thereafter at up to 20% per minute of delay.

AEDs can be used safely even by untrained laypeople who witness an arrest or who are nearby and can respond more quickly than the ambulance service. The minutes saved are crucial and the strategy has been responsible for saving many lives.

The National Defibrillator Programme has placed several thousand AEDs in busy public places where cardiac arrest may occur. They are placed in unlocked protective cabinets and are freely available to anyone who wishes to attempt to help a victim of sudden cardiac arrest.

We have received many enquiries about automated defibrillators (AEDs) being placed in locked cabinets, a strategy currently adopted by some organisations. A potential operator must have a key or has to phone to obtain a code to unlock the cabinet and gain access to the AED, a process that can take several minutes.

Given the importance of reducing to a minimum the time taken to administer a shock, we believe that no delays or constraints should be placed on any person willing to use an AED nor should there be any physical barrier to restrict the immediate use of an AED such as a locked and /or coded cabinet.

We appreciate the desire for equipment security. But there has been minimal vandalism or theft in the National Defibrillator Programme in which AEDs are located in cabinets that are not locked but fitted with alarms that are activated when the cabinets are opened. We believe this strategy could easily be adopted by any AED project. Moreover the devices do not pose any threat to the safety of users or victims.

To reinforce the importance of this policy, no BHF resources will be allocated to strategies that place AEDs in locked cabinets, either in relation to equipment itself or through the work of the healthcare professionals that are funded by the BHF.

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