Public Petitions Committee
Thursday 5 November 2026
5th Meeting, 2026 (Session 7)

PE2235: Mandate automated external defibrillator (AED) registration on The Circuit defibrillator network and compulsory maintenance checks in Scotland

Introduction

Petitioner	Stephen David Jelfs
Petition Summary	Calling on the Scottish Parliament to urge the Scottish Government to introduce legislation requiring the mandatory registration of all publicly accessible AEDs in Scotland on The Circuit national defibrillator network database, and to establish a legal duty on AED owners or guardians to undertake regular inspection, maintenance and readiness checks so that devices remain rescue-ready and available for use during sudden cardiac arrest emergencies.
Website	https://petitions.parliament.scot/petitions/PE2235

1. This is a new petition that was published on 29 July 2026.

2. A full summary of this petition and its aims can be found at **Annexe A**.

3. Every petition collects signatures while it remains under consideration. At the time of writing, 77 signatures have been received on this petition.

4. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.

6. The Committee has received a submission from the Scottish Government, and two submissions from the Petitioner which respond to the Scottish Government and SPICe briefing respectively. These submissions are set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
November 2026

Annexe A: Summary of petition

PE2235: Mandate automated external defibrillator (AED) registration on The Circuit defibrillator network and compulsory maintenance checks in Scotland

Petitioner:

Stephen David Jelfs

Date published:

29 July 2026

Petition summary:

Calling on the Scottish Parliament to urge the Scottish Government to introduce legislation requiring the mandatory registration of all publicly accessible AEDs in Scotland on The Circuit national defibrillator network database, and to establish a legal duty on AED owners or guardians to undertake regular inspection, maintenance and readiness checks so that devices remain rescue-ready and available for use during sudden cardiac arrest emergencies.

Background information:

AEDs are widely deployed across Scotland in public buildings, workplaces and community locations, playing a vital role in responding to out-of-hospital cardiac arrest. More than 3,000 people suffer cardiac arrest in Scotland each year, yet survival remains low. Early defibrillation is critical, with survival chances falling significantly for every minute treatment is delayed.

The Circuit database, the UK-wide national defibrillator network developed by the British Heart Foundation in partnership with the NHS and emergency services, helps ambulance services direct 999 callers to the nearest registered AED. However, there is currently no legal requirement for AEDs to be registered, inspected or routinely maintained. Devices may therefore contain expired pads, depleted batteries or faults, rendering them unusable in an emergency.

In contrast, Scottish fire safety law mandates fire extinguisher maintenance, despite 42 fire-related deaths in 2023–24. This petition calls for similar legislation for AEDs to help save lives.

Annexe B: SPICe Briefing

Scottish Parliament Information Centre
Ionad Fiosrachaidh Pàrlamaid na h-Alba

Briefing for the Public Petitions Committee on petition PE2235: Mandate automated external defibrillator (AED) registration on The Circuit defibrillator network and compulsory maintenance checks in Scotland, lodged by Stephen David Jelfs

PE2235 calls on the Scottish Parliament to urge the Scottish Government to mandate the registration of all publicly accessible automated external defibrillators (AEDs) in Scotland on The Circuit national defibrillator network. Additionally, the petition calls for the placement of a legal duty on AED owners or guardians to undertake regular inspection, maintenance, and readiness checks.

Brief overview of issues raised by the petition

AED registration and maintenance

Automated external defibrillators (AEDs) are devices that give a jolt of energy to the heart. They can help to restore a person's heartbeat when someone is experiencing cardiac arrest and their heart has stopped. Anyone can use an AED; the devices give step-by-step audio instructions once switched on.

AEDs are installed in a range of public spaces in Scotland, including schools, businesses, and community spaces. Many of these AEDs are made publicly accessible for use by community members and the emergency services. These publicly available AEDs are sometimes referred to as Public Access Defibrillators (PADs).

AED owners and guardians are encouraged to register their defibrillator on The Circuit, a UK-wide network managed by the British Heart Foundation that connects defibrillators to NHS ambulance services. This enables AEDs to be quickly located and accessed by emergency service workers attending a cardiac arrest.

There is currently no legal requirement to register AEDs on The Circuit. However, for community groups and others who receive funding for an AED, registration on The Circuit is a common condition of funding. For instance, the British Heart Foundation's Community Defibrillator Programme, which provides free defibrillators to community groups, supplies AEDs on the condition that they are registered with The Circuit.

Once installed, AEDs require a degree of maintenance. Many AEDs conduct regular self-checks, and have a status display on the front of the device, which should notify the owner or guardian if something is wrong. If the display status is green, the AED is operating normally. If it is beeping, flashing, or displaying an X, this usually means that the device has failed its self-test and requires attention. Common faults include a low battery or expired electrode pads, both of which can impair the use of an AED in an emergency. For this reason, AED owners and guardians are encouraged to

physically check their AED on a regular basis. The British Heart Foundation advises that they should be checked weekly. Some AED retailers offer service and maintenance plans.

When an AED owner or guardian registers their defibrillator on The Circuit, they receive regular reminders to check their defibrillator and replace their electrode pads.

Although there is currently no universal legal requirement to ensure that AEDs are properly maintained, some AED owners and guardians may have legal duties to fulfil under related legislation. For instance, employers have a duty under the Health and Safety (First-Aid) Regulations 1981 to ensure that first aid equipment is adequate and appropriate, and by extension, properly maintained. As an example, the Scottish Parliament's Resilience team conducts fortnightly checks of the three AEDs within the Parliament building. Additionally, the public access defibrillator on the exterior of the building is checked daily to ensure the cabinet is intact and the self-check and cabinet indicator lights are lit.

Though they may not be bound by legislation, other organisations and community groups may have developed their own procedures to ensure that their AEDs remain rescue ready. The British Heart Foundation offers a defibrillator maintenance guide on its website.

Prevalence of out-of-hospital cardiac arrests and defibrillator use

According to the Scottish Ambulance Service's most recent annual Out-of-Hospital Cardiac Arrest report, from 1 April 2024 to 31 March 2025 there were 3,741 out-of-hospital cardiac arrests (OHCAs) in Scotland where resuscitation was attempted. Overall, the 30-day survival rate following an OHCA was 9%; however, among patients presenting with a shockable rhythm when an AED was applied, the 30-day survival rate was 27.5%. AED use by the public before ambulance arrival occurred in 9.8% of OCHAs.

The Scottish Ambulance Service's report noted that socioeconomic inequalities can affect the outcome of OHCAs. People living in the most deprived quintile are twice as likely to experience an OHCA, and less likely to survive compared to those in the least deprived quintile. The frequency of bystanders intervening with cardiopulmonary resuscitation (CPR) is fairly consistent across all deprivation quintiles, suggesting that members of the public are willing to take action to help people experiencing cardiac arrest. However, use of AEDs when people experience an out-of-hospital cardiac arrest is lower in more deprived areas. It has been suggested that this is due in part to lower availability of AEDs in these areas. A 2023 study found that on average, the closest 24/7 publicly accessible defibrillator was 317.1 metres further away in Scotland's most deprived communities compared to the least deprived areas. More equitable access to AEDs could therefore improve OHCA survival outcomes in Scotland's socioeconomically deprived areas.

Scottish Government actions

In its written response to the petition, the Scottish Government stated that it does not consider the petitioner's requests to be actionable. The response stated that the Scottish Government received an informal briefing from the University of Edinburgh's Resuscitation Research Group, stating that there is insufficient evidence to

determine whether a mandatory AED registration system would be more effective than a well-supported voluntary system. This briefing does not appear to have been published.

Additionally, the Scottish Government's response noted that the introduction of mandatory registration and maintenance requirements may carry unintended consequences, as people may be deterred from installing AEDs.

However, the Scottish Government has taken other actions intended to improve out-of-hospital cardiac arrest survival rates. Its out-of-hospital cardiac arrest strategy 2021-26 follows on from the previous 2015-20 strategy, aiming to ensure that as many people as possible survive OHCAs. Data published by the Scottish Ambulance Service shows an overall increase in 30-day survival rates following OHCAs since the publication of the first strategy, with some variation due to factors such as the COVID-19 pandemic.

In February 2026, the Scottish Government announced an additional £2.5 million of funding to increase community capacity to respond to OHCAs. The funding will be used to install more AEDs in public spaces and provide CPR training.

Scottish Parliament actions

In March 2020, former MSP Lord Anas Sarwar proposed a Member's Bill to mandate the registration of AEDs with the Scottish Ambulance Service. The consultation conducted to inform the Bill demonstrated widespread support for the principle of mandatory AED registration, but mixed views on issues such as who should bear the legal responsibility for registration, how often the Scottish Ambulance Service should be required to check that registered AEDs are in place, and whether sanctions should apply to AED owners or guardians who fail to register their device. The proposal fell at the end of Session 5 of the Parliament, and was not re-introduced during Session 6.

Key Organisations and relevant links

Out-of Hospital Cardiac Arrest Strategy 2021-26 – The Scottish Government's strategy for improving OHCA survival rates

Chest Heart and Stroke Scotland (CHSS) – Charity supporting people with chest, heart, and stroke-related conditions, including people who have experienced cardiac arrest. Raises awareness of issues including OHCAs.

Save a Life for Scotland – a campaign to equip people in Scotland with CPR skills

Sarah Swift
Researcher
3 September 2026

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Annexe C: Written Submissions

PE2235A: Mandate automated external defibrillator (AED) registration on The Circuit defibrillator network and compulsory maintenance checks in Scotland

Scottish Government written submission, 12 August 2026

Does the Scottish Government consider the specific ask[s] of the petition to be practical or achievable? If not, please explain why.

The Scottish Government does not currently consider the specific asks of the petition, namely the introduction of mandatory registration and inspection requirements for public access AEDs, to be justified by the available evidence.

Our position remains focused on evidence-based interventions that are known to improve survival and outcomes following out-of-hospital cardiac arrest (OHCA). At present, there is insufficient international evidence to demonstrate that mandatory registration and inspection regimes result in improved cardiac arrest outcomes.

Furthermore, there is a risk that introducing additional legislative requirements could have unintended consequences by creating barriers to the purchase, deployment, and maintenance of public access AEDs. This is particularly relevant in Scotland, where the provision of publicly accessible AEDs is largely driven by third sector and voluntary organisations. Mandatory registration and inspection requirements could impose additional administrative and financial burdens for these groups, potentially discouraging future deployment.

To ensure that policy is informed by the best available evidence and expert advice, the Scottish Government works closely with the Save a Life for Scotland partnership and leading OHCA researchers, including the University of Edinburgh's Resuscitation Research Group (RRG).

Most recently, the RRG has provided the Scottish Government with an informal briefing paper on the potential introduction of mandatory public access AED registration and guardianship requirements. The group concluded that the current evidence base is insufficient to determine whether legislation would lead to greater preparedness for cardiac arrest than a well-supported voluntary system.

For these reasons, the Scottish Government does not currently support the measures proposed in the petition and will continue to prioritise approaches that strengthen Scotland's established voluntary system of AED registration, maintenance and community preparedness, while keeping the evidence base under review.

What, if any, action is the Scottish Government currently taking to address the issues raised by this petition, and is any further action being considered that will achieve the ask[s] of this petition?

The Scottish Government is committed to improving survival outcomes from out-of-hospital cardiac arrest (OHCA). Rather than pursuing legislative measures relating to the purchase and placement of AEDs which could introduce additional barriers and potentially discourage uptake, we have adopted a collaborative, partnership-led

approach. Through this approach, public access defibrillators are targeted to locations where they are most likely to improve outcomes and can contribute to reducing health inequalities.

Through the Save a Life for Scotland partnership, and successive OHCA strategies since 2015, significant progress has been made in increasing CPR awareness, expanding access to defibrillators and strengthening community response. Since 2015, the use of public access defibrillators has increased from 2.5% to 10%, while the number of people surviving an out-of-hospital cardiac arrest each year has risen from 225 to 338.

Building on this progress, the First Minister announced a £2.5 million investment earlier this year to further improve outcomes from out-of-hospital cardiac arrest. This funding will support the installation of between 1,000 and 1,250 additional defibrillators across Scotland over the next three years. A key element of the programme is ensuring that devices are publicly accessible, appropriately registered, and strategically placed using a data-informed approach. The programme will also support the identification of local guardians to maintain devices and ensure they remain ready for use.

The investment includes dedicated support for the expansion of Cardiac Arrest Rescue Zones (CARe Zones) across Scotland. These community-based initiatives bring together local partners to improve cardiac arrest outcomes by increasing public awareness, supporting defibrillator registration, and promoting effective maintenance arrangements for both existing and newly installed devices.

This work forms part of the wider OHCA Strategy 2021-2026, which is delivered through the Save a Life for Scotland partnership and builds on the success of earlier strategies. While the current strategy concludes at the end of this year, the Scottish Government will shortly begin work to refresh the strategy and develop a new programme of actions to build further on the progress achieved through this support-based approach to AED placement, registration, and maintenance.

Healthcare Quality & Improvement

PE2235/B: Mandate automated external defibrillator (AED) registration on The Circuit defibrillator network and compulsory maintenance checks in Scotland

Petitioner written submission, 3 September 2026

The Scottish Government's written submission of 12 August 2026 does not support the specific asks of Petition PE2235, namely mandatory registration of public-access automated external defibrillators (AEDs) on The Circuit and compulsory maintenance and inspection arrangements.

I welcome the Scottish Government's commitment to improving survival following out-of-hospital cardiac arrest (OHCA), its investment in additional AEDs and support for community preparedness. However, the response does not adequately address the central issue raised by PE2235.

The petition is not based on the proposition that mandatory registration and maintenance, considered in isolation, have already been proven through international research to produce a measurable increase in population-level survival. It is based on patient safety and system reliability.

An AED can only contribute to saving a life if it can be located, accessed and relied upon when required. This requires accurate registration, accessibility, operational readiness, maintenance and clear responsibility for ensuring that the device remains available for use. Evidence supporting PE2235 identifies recurring failures in these areas, including AEDs that were inaccessible, unregistered or inaccurately recorded, had missing or expired consumables, depleted batteries or unclear maintenance responsibility.

The central weakness in the Government's argument is that it conflates two separate questions. First, whether mandatory registration and maintenance have been demonstrated to produce a measurable population-level improvement in OHCA survival. Secondly, whether registration, accessibility, operational readiness and maintenance are necessary components of a reliable public-access defibrillation system.

I accept that there may not currently be sufficient research to quantify precisely the additional survival benefit attributable specifically to legislation. However, this does not establish that such a regime is unnecessary.

An AED should not be regarded simply as equipment installed in a public place. It is part of an emergency response system. The intended sequence is: cardiac arrest occurs, emergency services are contacted, an AED is identified, it can be accessed, it is operational, it is retrieved and applied, and defibrillation is delivered. A failure at any stage can prevent the AED from fulfilling its intended lifesaving function. The distinction between an installed AED and a rescue-ready AED is therefore fundamental.

The Government's own proposed £2.5 million programme reinforces this argument. It will support additional public-access AEDs, appropriate registration, identification of local guardians, maintenance arrangements, accessibility, strategic placement, Cardiac Arrest Rescue Zones and community preparedness. This demonstrates that the Government accepts the importance of registration, guardianship, accessibility and readiness. The disagreement is whether these safeguards should remain voluntary or form part of a consistent national minimum standard.

The issue is whether voluntary arrangements can provide consistent national assurance that every publicly accessible AED will be available and operational when required. The evidence supporting PE2235 identifies such inconsistencies.

A national minimum standard need not create an expensive or complex regulatory system. It could provide clarity about who is responsible, what checks are required, how frequently they should occur, what should be recorded, when pads and batteries should be replaced, how access should be maintained, how temporary unavailability should be reported, and how the AED should be registered and updated.

Registration alone is also insufficient. An AED may be registered while its pads or battery have expired, the device has developed a fault, equipment is missing, access arrangements have changed, the cabinet is inaccessible, or location information is inaccurate. PE2235 therefore deliberately links registration with maintenance and operational readiness.

The Government's proposal to identify local guardians is an acknowledgement that someone must accept responsibility for AED readiness. The key question is what happens when a guardian is not identified, stops performing the role, or a device remains unmaintained despite being publicly accessible. A voluntary system does not necessarily provide a reliable mechanism for detecting and correcting every such failure. PE2235 seeks to address this governance gap.

The planned expansion of AED provision makes governance more important. The objective should not simply be to increase the number of AEDs installed, but to increase the number of rescue-ready AEDs available to the population. Cardiac Arrest Rescue Zones can strengthen local preparedness, but local initiatives cannot by themselves guarantee a national minimum standard. PE2235 would provide a national baseline.

The Government's reported improvements in OHCA survival and public-access defibrillator use should be welcomed. However, improvements in overall survival do not demonstrate that all preventable failures have been eliminated.

If the Government considers voluntary arrangements sufficient, Parliament should be able to establish the extent to which they provide assurance. Relevant information should include the estimated number of public-access AEDs in Scotland; how many are registered on The Circuit; how many have an identified guardian; how many have documented recent maintenance; how many have verified operational status and accessibility; how many are temporarily unavailable; and how unavailable devices are identified and addressed.

If these data cannot be provided, this raises a fundamental question about how the Government can assure Parliament that the voluntary system provides adequate national coverage and operational readiness.

PE2235 is therefore about accountability, not bureaucracy. A public AED creates an expectation that lifesaving equipment is available. Where an AED is recorded as available, there should be reasonable assurance that it exists, can be found, can be accessed, is operational, has essential consumables within date and has someone responsible for it.

The proposition is straightforward: a defibrillator cannot save a life if it cannot be found, accessed or relied upon when required.

The absence of definitive research quantifying the additional survival benefit attributable specifically to legislation should not be confused with evidence that legislation is unnecessary. The evidence demonstrates that failures can occur, while the Government's own policy recognises the importance of preventing them.

I therefore consider that a proportionate national minimum standard for AED registration, maintenance and operational readiness merits parliamentary consideration. The objective is not simply more defibrillators. It is more defibrillators that can be found, accessed and relied upon when a life depends upon them.

PE2235/C: Mandate automated external defibrillator (AED) registration on The Circuit defibrillator network and compulsory maintenance checks in Scotland

Petitioner written submission, 10 September 2026

I welcome the SPICe briefing dated 3 September 2026 and the opportunity to comment. The briefing provides useful information about out-of-hospital cardiac arrest (OHCA), AED access and registration. However, several statements require clarification, and questions remain unanswered.

Clinical description of AEDS

The opening description states that automated external defibrillators (AEDs) “give a jolt of energy to the heart” and can “restore a person’s heartbeat” when someone is experiencing cardiac arrest and their heart has stopped. This is clinically imprecise. An AED analyses the heart’s electrical rhythm and, where a shockable rhythm is detected, delivers an electrical shock intended to terminate that abnormal rhythm and allow normal electrical activity to resume. AEDs principally treat ventricular fibrillation and pulseless ventricular tachycardia. They do not deliver a shock when the rhythm is non-shockable. They are used alongside cardiopulmonary resuscitation (CPR).

This distinction is important because the benefit of an AED depends upon rapid access when a shockable rhythm is present. It supports ensuring that publicly accessible AEDs can be rapidly identified and accessed.

The Circuit and reliable availability

SPICe describes The Circuit as a network that “connects defibrillators to NHS ambulance services”. A more precise description would be that The Circuit provides a national database of registered defibrillators, enabling ambulance services to identify potentially available AEDs and their locations when responding to cardiac arrest.

Registration is therefore not simply an administrative exercise. An AED which exists but cannot be identified by ambulance control may effectively be unavailable from the perspective of the emergency response system. Registration alone does not guarantee accessibility or operational readiness.

Readiness includes the AED being at the registered location, accessible when required, maintained, within service lives, free from indicated faults, and supported by functioning access arrangements. A statutory framework could address these matters without requiring disproportionate professional servicing.

The briefing states that many AEDs conduct self-checks and that a green indicator means the device is operating normally. This should be qualified because indicator

systems vary between manufacturers and models. A green indicator generally indicates that the device has passed its most recent self-test, but does not establish that the AED is accessible, correctly located, or that the wider rescue arrangement is satisfactory. Regular physical readiness checks remain necessary.

Voluntary registration and the evidence gap

SPICe notes that owners and guardians are encouraged to register AEDs on The Circuit and that registration is often a condition of funding. This demonstrates the value of registration, but does not establish comprehensive coverage.

A central unanswered question is what proportion of publicly accessible AEDs in Scotland are actually registered on The Circuit. Without a reliable estimate of the total number, it is difficult to determine the effectiveness of the voluntary system.

The briefing states that registered owners receive reminders to check AEDs and replace electrode pads. Such reminders are limited to AEDs already within the voluntary system. Mandatory registration would bring currently unregistered publicly accessible AEDs into that system.

Maintenance and legal responsibility

The briefing correctly recognises that AEDs require maintenance, but the issue should not be reduced to whether a device performs an electronic self-test. An AED can be apparently functional yet unavailable because it has been moved, is inaccessible, has expired pads, has an incorrect location record, or has no clearly identified responsible person.

SPICe refers to duties under the Health and Safety (First-Aid) Regulations 1981 for employers. Whatever duties apply in workplace settings, these cannot provide a universal framework for all publicly accessible community AEDs. Community centres, sports clubs, village halls, charities and other organisations may fall outside a simple workplace model. PE2235 seeks to address this gap throughout Scotland as well.

The reference to the Scottish Parliament's own AED arrangements is significant. The briefing states that internal AEDs are checked fortnightly and the external public access AED is checked daily. The Committee may reasonably ask why clear minimum standards should not apply to publicly accessible AEDs across Scotland.

Unpublished evidence and the precautionary argument

The Scottish Government's position relies partly on an informal briefing from the University of Edinburgh's Resuscitation Research Group, which reportedly concluded that there is insufficient evidence to determine whether mandatory registration would be more effective than a well-supported voluntary system. SPICe notes that this briefing does not appear to have been published.

"Insufficient evidence" that mandatory registration is superior is not the same as evidence that mandatory registration would not improve coverage or emergency access. The methodology, assumptions, evidence considered and definition of an effective voluntary system cannot be independently assessed if the underlying briefing is unavailable.

The Committee may therefore wish to seek publication of the briefing. It should also establish what evidence demonstrates that the existing voluntary system is sufficiently comprehensive.

Potential deterrence from installing AEDs

The Scottish Government has expressed concern that mandatory registration and maintenance requirements could deter people from installing AEDs. This is a potential consequence, but the briefing does not identify evidence demonstrating that such requirements would materially reduce AED installation.

This concern could be addressed through proportionate legislation, clear guidance, reasonable responsibilities, support for community guardians and appropriate implementation periods. Questions concerning enforcement, responsibility and sanctions are matters of legislative design and should not be treated as evidence against mandatory registration.

Conclusion

The SPICe briefing demonstrates the importance of early CPR, rapid defibrillation and equitable AED access. It also identifies inequalities in AED availability and reports that public AED use occurred in only 9.8% of OHCAs before ambulance arrival. These figures warrant examination of whether AEDs are available, known about, accessible and rescue-ready when required.

I respectfully ask the Committee to consider PE2235 on the basis that the central issue is not simply whether Scotland has AEDs, but whether publicly accessible AEDs can be reliably identified, accessed and maintained when a cardiac arrest occurs. Mandatory registration on The Circuit, combined with proportionate readiness-check requirements, would provide a consistent national framework addressing that gap.