



## Automated External Defibrillators (AED) Programs

Early defibrillation is a crucial step in the Chain of Survival after activating the emergency response system and beginning CPR. According to the American Heart Association, immediate cardiopulmonary resuscitation (CPR), in conjunction with an automated external defibrillator (AED), can more than double a victim's chance of survival.

In New Jersey, an AED is required in the following locations:

- Airports & Casinos
- Nursing Homes & Assisted Living Facilities
- Health Clubs
- Public and Private K-12 Schools and at Public & Private K-12 School Athletic Events and Practices

Certain employers recognize the benefits of immediate CPR/AED to protect the lives of staff and visitors and choose to provide an AED in their facilities. Common examples include senior centers, administrative office buildings, and other buildings where large groups are common.

There are two AED Programs:

1. **Employer Defibrillation Program** is needed when an entity provides the AED for use by Authorized Employees. Examples are the AEDs in police vehicles, fire apparatus, nursing homes, or health clubs. These facilities must also have staff members trained in CPR and the use of the AED. Training must be conducted by a training organization recognized by the N.J. Department of Health and Senior Services, such as the American Red Cross (ARC), American Heart Association (AHA), or American Safety & Health Institute (ASHI).
2. **Public Access Defibrillation (PAD) Programs** refer to the placement of the AED in a public space for use by bystanders trained in CPR/AED. Employees are not provided training by the employer.

Both programs require a written program that defines the roles and responsibilities for the AED's selection, use, inspection, and maintenance (NJSA Title 34 2A:62A-25 par. 3). The [MEL Safety Institute \(MSI\)](#) provides a model [AED Program](#) that can be customized for your agency's needs.

An AED Program should include:

1. An AED is a medical device that must have medical oversight. The entity that provides the AED must consult with the prescribing physician when developing its program. When selecting a Medical Director, an AED Program Administrator should look for a physician who is willing to serve as a teacher, advisor, and champion of the program and can commit their time to help their community. The more involved the physician is, the more confident you can be that you are implementing a sound program.

A Medical Director may be found by checking with your agency's occupational physician, or a local emergency room physician, cardiologist, or family practitioner.

2. AEDs must be registered with the local emergency service provider.

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3. Conduct at least monthly (the Safety Director recommends weekly) visual inspection of the device's readiness and availability of ancillary equipment, such as rubber gloves, barrier breathing device, and razor. The MSI provides a sample [AED Inspection Checklist](#).

New Jersey (NJS A Title 34 2A:62A-25 par. 5) includes strong immunities for persons or entities that prescribe, provide, train, and use an AED. The intent of lawmakers is clear. They recognized the lifesaving benefits of an immediately-available AED. They provided the necessary immunities and guidance to encourage their placement in public settings where large numbers of residents, visitors, or spectators are anticipated.

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