



HADDON TOWNSHIP BOARD OF EDUCATION

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5300. USE OF DEFIBRILLATORS (AED)

The American Heart Association estimates many lives could be saved if defibrillators were more widely available. Due to technological advances, automated external defibrillators (AEDs) may be used by lay persons without any training to provide defibrillation within the first minutes of cardiac arrest thereby increasing the victim's chances of survival. In accordance with N.J.S.A. 18A:40-41.a, the Board of Education shall ensure every school in the school district has an AED as defined in N.J.S.A. 2A:62A-24. The AED shall be made available in an unlocked location on school property with an appropriate identifying sign. The AED shall be accessible during the school day and any other time when a school-sponsored athletic event or team practice is taking place in which pupils of the school district are participating. The AED shall be within reasonable proximity of the school athletic field or gymnasium, as applicable.

A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer, who is present during athletic events or team practices, shall be trained in cardio-pulmonary resuscitation and the use of the AED in accordance with the provisions of N.J.S.A. 2A:62A-25.a. The school district shall be deemed to be in compliance with N.J.S.A. 2A:62A-25.a, if a State-certified emergency services provider or other certified first responder is on site at the event or practice.

Each AED in the school district shall be tested and maintained according to the manufacturer's operational guidelines. Notification shall be provided to the appropriate first aid, ambulance, rescue squad, or other appropriate emergency medical services provider regarding the AED, the type acquired, and its location in accordance with N.J.S.A. 2A:62A-25.b and c.

The school district and its employees shall be immune from civil liability in the acquisition and use of AEDs pursuant to the provisions of N.J.S.A. 2A:62A-27.

In accordance with the provisions of N.J.S.A. 18A:40-41.b, the Superintendent of Schools or designee shall establish and implement an Emergency Action Plan applicable to each school in the school district for responding to a sudden cardiac event including, but not limited to, an event in which the use of an AED may be necessary. The Emergency Action Plan shall be consistent with the provisions of N.J.S.A. 18A:40-41.a and, at a minimum, shall include a list of no less than five school employees, team coaches, or licensed athletic trainers who hold current certifications from the American Red Cross, American Heart Association, or other training programs recognized by the Department of Health and Senior Services in cardio-pulmonary resuscitation and in the use of an AED. This list shall be updated, if necessary, at least once in each semester of the school year. The Emergency Action Plan shall also include detailed procedures on responding to a sudden cardiac event including, but not limited to, the identification of the persons in the school who will be responsible for responding to the person experiencing the sudden cardiac event; calling 911; starting cardio-pulmonary resuscitation; retrieving and using the AED; and assisting emergency responders in getting to the individual experiencing the sudden cardiac event.

N.J.S.A. 18A:40-41.a; 18A:40-41.b

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HADDON TOWNSHIP SCHOOL DISTRICT

AED Incident Report

Complete all the information to the best of your ability and give to the school nurse who will forward it to the school physician.

Name of Victim: _____ Location: _____

Date of Incident: _____ Time: _____

Approximate Age of Victim: _____

Victim's Known Medical History: _____

Check One: Haddon Township Student
 Haddon Township board of Education Employee
 Other

Circumstances of how victim was found: _____

Who called "911" _____

Who used AED and how many shocks were delivered: _____

Approximate time victim was placed in care of Emergency Medical Services: _____

Victim transported to which hospital: _____

Family notified: Yes No If so, by whom: _____

Other information _____

Signature of AED user: _____

Name: (Please Print) _____

Date form completed: _____