



STATE OF CONNECTICUT
OFFICE OF EARLY CHILDHOOD



October 7, 2016

Barbara Caracci
National Safety Council
1121 Spring Lake Drive
Itasca, IL 60143

RE: NSC Pediatric First Aid, CPR and AED

Dear Ms. Caracci:

We are updating our records and your first aid curriculum appears on the Office of Early Childhood Approved First Aid List. By signing below you are attesting that the above course curriculum meets the following regulatory requirements:

1. The course shall be at least six (6) hours in length exclusive of CPR training
2. Instruction shall include, but not necessarily be limited to:
 - a. The recognition and emergency management of bleeding, burns, poisoning, anaphylaxis, respiratory distress including choking, muscular-skeletal injuries, seizures, wounds including insect bites, head injuries, shock, loss of consciousness, dental emergencies, child abuse and sexual abuse
 - b. Communicable disease prevention, recognition and management, which includes discussion of transmission through the intestinal tract, the respiratory system, and direct contact; hygiene, including hand washing, cleaning and disinfection; diapering techniques; signs and symptoms of illness, including but not limited to diarrheal diseases, bacterial meningitis, chicken pox, hepatitis, strep throat, head lice, scabies, and vaccine preventable disease; and
 - c. Accident prevention and safety including, but not necessarily limited to safety for the indoor play area, first aid supplies, child restraint systems and seat belt safety in accordance with Section 14-100a of the Regulations of Connecticut State Agencies.
3. Instruction shall be provided by a person who meets at least one of the following requirements:
 - a. A first aid instructor currently certified by the American Red Cross, the American Safety and Health Institute, Medic First Aid International, Inc, or the National

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- Safety Council or an American Heart Association Heartsaver Instructor
- b. A physician, physician assistant, advanced practice registered nurse or registered nurse licensed in this state or another state or
 - c. An emergency medical technician or paramedic.

The name of the Office of Early Childhood approved course is _____

Please submit a copy of the card or certificate that will be provided to the student upon the successful completion of the course.

Note: The course name on the card or certificate must match the exact name of your approved course.

Any changes in the course content or the name of the course must be reported to the Office of Early Childhood prior to the implementation.

Failure to provide the first aid training using the submitted and approved training curriculum and in compliance with the Regulations of Connecticut State Agencies may result in the removal of your curriculum from the approved list.

I can be reached at 860-509-8045 if you have any questions or concerns or you no longer want to be on the Office of Early Childhood Approved List.

Please return this signed completed form along with a copy of the card or certificate that you issue by October 24, 2016.

Sincerely,



Valerie L. Bryan, RN
Supervising Nurse Consultant
Licensing Section
Office of Early Childhood
410 Capitol Avenue
Hartford, CT 06134

Signature/Title of Representative

Date