

DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES

CURRICULUM FORM FOR
FIRST AID AND CARDIOPULMONARY
RESUSCITATION (CPR) COURSES

This form should be used for determining whether a first aid course or a CPR course meets the requirements of 22 VAC 15-30-590 A of the child day center regulation. Completed forms should be returned to the regional licensing office in your area for review by the Department of Social Services.

Current first aid and CPR certifications from the following organizations may be used to meet the requirements of 22 VAC 15-30-590 A as long as the first aid certification has been issued within the past three years and the CPR certification has been issued within the past two years:

American Red Cross,
National Safety Council,
American Heart Association,
American Safety and Health Institute,
Community colleges,
Hospitals,
Rescue squads and
Fire departments.

There is no need for the above mentioned organizations to complete this form. Note: certifications for first aid and CPR courses require students to demonstrate competency by a test on first aid and CPR knowledge and performing first aid and CPR skills. CPR courses must be appropriate for the entire age span of the children in the center's care.

Name of Individual or
Organization offering
the First Aid or
CPR Course: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ FAX Number: _____

Name & Title of Person
Completing Form: _____

I. First Aid Course Information

A. Name of first aid course: _____
 Name of instructor(s): _____

B. Please check the content areas covered by the first aid course. Emergency management of:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Dental Emergencies | <input type="checkbox"/> Electric shock |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Head injuries | <input type="checkbox"/> Drowning |
| <input type="checkbox"/> Poisoning | <input type="checkbox"/> Allergic reactions | <input type="checkbox"/> Shock |
| <input type="checkbox"/> Choking | <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Eye injuries |
| <input type="checkbox"/> Injuries, including insect, animal & human bites | <input type="checkbox"/> Musculoskeletal injury (e.g., sprains, fractures) | <input type="checkbox"/> Convulsions or non-convulsive seizures |

C. Please indicate below the credential(s) and expiration date(s) for each first aid instructor. All instructors must continue to hold current credentials from the certifying agency.

	Instructor #1	Instructor #2	Instructor #3
Standard First Aid Instructor, Community First Aid & Safety Instructor, or Emergency Response Instructor (American Red Cross)	_____ (Name)	_____ (Name)	_____ (Name)
Date)	_____ (Expiration Date)	_____ (Expiration Date)	_____ (Expiration Date)
First Aid Instructor (National Safety Council)	_____ (Name)	_____ (Name)	_____ (Name)
Date)	_____ (Expiration Date)	_____ (Expiration Date)	_____ (Expiration Date)
Emergency Medical Technician Instructor (State Department of Health - Division of Emergency Medical Services)	_____ (Name)	_____ (Name)	_____ (Name)
	_____ (Expiration Date)	_____ (Expiration Date)	_____ (Expiration Date)
Registered Nurse (Virginia Department of Health Professions, Board of Nursing)	_____ (Name)	_____ (Name)	_____ (Name)
	_____ (Expiration Date)	_____ (Expiration Date)	_____ (Expiration Date)
Physician (Medical, Virginia Department of Health Professions, Board of Medicine)	_____ (Name)	_____ (Name)	_____ (Name)
Date)	_____ (Expiration Date)	_____ (Expiration Date)	_____ (Expiration Date)

First Aid Instructor (American Safety and Health Institute)	_____	_____	_____
	(Name)	(Name)	(Name)
	_____	_____	_____
	(Expiration Date)	(Expiration Date)	(Expiration Date)

None of the above	_____	_____	_____
	(Name)	(Name)	(Name)

Note: Individuals not meeting one of the above qualifications may still be able to teach if information is provided that demonstrates the individual: is competent in first aid, knows adult training techniques, can teach first aid knowledge and skills and regularly teaches first aid courses, some of which are monitored by an outside entity.

D. Will you assure that each instructor's credential mentioned above will be kept current during the Department of Social Services ' acceptance of your course?
 Yes No

E. Does the first aid course content reflect recommendations from one of the following sources: American Red Cross, American Heart Association (*Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: International Consensus on Science* published in the August 22, 2000 issue of *Circulation*), National Safety Council, American Academy of Pediatrics (first aid chart dated 9/01) or Virginia Department of Health (*First Aid Guide for School Emergencies* dated 1998)?
 Yes No

F. Has the first aid course been reviewed and updated if needed to reflect the recommendations in *Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: International Consensus on Science* published in the August 22, 2000 issue of *Circulation*?
 Yes No

G. Does the first aid course require students to demonstrate competency by written test (or other method if English is a second language or the person has a disability) in relation to first aid knowledge?
 Yes No

H. Does the first aid course require students to demonstrate competency in the application of skills learned during the course?
 Yes No

I. How long does your first aid certification or other documentation of student competency stay valid?
 3 years or less More than 3 years No certification is given to students

II. CPR Course Information

A. Name of CPR course: _____
 Name of instructor(s): _____

- B. Please check the content areas covered by the CPR course:
- Determination of responsiveness
 - Airway (assessment and opening of airway)
 - Breathing (assessment of breathing and rescue breathing)
 - Circulation (assessment of circulation and chest compressions)
 - Coordination of compressions and rescue breathing
 - Activation of EMS system
 - Foreign-body airway obstruction management

Note: CPR courses must be appropriate for the entire age span of children in the center's care.

- C. Please indicate below the credential(s) and expiration date(s) for each CPR instructor. All instructors must continue to hold current credentials from the certifying agency.

	Instructor #1	Instructor #2	Instructor #3
CPR Instructor (American Red Cross)	_____ <i>(Name)</i>	_____ <i>(Name)</i>	_____ <i>(Name)</i>
	_____ <i>(Expiration Date)</i>	_____ <i>(Expiration Date)</i>	_____ <i>(Expiration Date)</i>
CPR Instructor (National Safety Council)	_____ <i>(Name)</i>	_____ <i>(Name)</i>	_____ <i>(Name)</i>
	_____ <i>(Expiration Date)</i>	_____ <i>(Expiration Date)</i>	_____ <i>(Expiration Date)</i>
BLS Instructor, Instructor Trainer, or Regional Facility (American Heart Association)	_____ <i>(Name)</i>	_____ <i>(Name)</i>	_____ <i>(Name)</i>
	_____ <i>(Expiration Date)</i>	_____ <i>(Expiration Date)</i>	_____ <i>(Expiration Date)</i>
Emergency Medical Technician Instructor (State Department of Health - Division of Emergency Medical Services)	_____ <i>(Name)</i>	_____ <i>(Name)</i>	_____ <i>(Name)</i>
	_____ <i>(Expiration Date)</i>	_____ <i>(Expiration Date)</i>	_____ <i>(Expiration Date)</i>
Registered Nurse with current CPR credentials (Virginia Department of Health Professions - Board of Nursing)	_____ <i>(Name)</i>	_____ <i>(Name)</i>	_____ <i>(Name)</i>
	_____ <i>(Expiration Date)</i>	_____ <i>(Expiration Date)</i>	_____ <i>(Expiration Date)</i>

Physician with current CPR credentials
(Medical, Virginia Department of Health
Professions - Board of Medicine)

_____	_____	_____
(Name)	(Name)	(Name)
_____	_____	_____
(Expiration Date)	(Expiration Date)	(Expiration Date)

CPR Instructor (American Safety and
Health Institute)

_____	_____	_____
(Name)	(Name)	(Name)
_____	_____	_____
(Expiration Date)	(Expiration Date)	(Expiration Date)

None of the above

_____	_____	_____
(Name)	(Name)	(Name)

Note: Individuals not meeting one of the above qualifications may still be able to teach if information is provided that demonstrates the individual: is competent in CPR, knows adult training techniques, can teach CPR knowledge and skills to others and regularly teaches CPR courses, some of which are monitored by an outside entity.

D. Will you assure that each instructor's credential mentioned above will be kept current during the Department of Social Services' acceptance of your course?

_____ yes _____ No

E. Is the CPR course content up to date so it reflects the American Heart Association's Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: International Consensus on Science published in the August 22, 2000 issue of *Circulation*?

_____ Yes _____ No

F. Does the CPR course require students to demonstrate competency by a written test (or other method if English is a second language or the person has a disability) on CPR knowledge?

_____ Yes _____ No

G. Does the CPR course require students to demonstrate competency in the application of CPR skills?

_____ Yes _____ No

H. How long does your CPR certification or other documentation of student competency stay valid?

_____ 2 years or less _____ More than 2 years _____ No certification is given to students

Results of the Department of Social Services' evaluation of your first aid/CPR course should be sent to:

(Signature of Person Completing this Form)

(Date)

Note: The Department of Social Services may monitor the instructor(s) as well as the competency of the students in relation to first aid and CPR knowledge and skills to ensure compliance with the information provided on this form.

(To be completed by Department of Social Services Staff)

_____ The course entitled _____ may be used to meet the first aid requirements of 22 VAC 15-30-590 A of the Standards for Licensed Child Day Centers. The individual(s) mentioned in this form must teach the course and continue to hold current credentials from the certifying agency as noted in this form. You may use this course until _____. Any change to the first aid course or the center regulation or any new information we may learn about first aid may affect the acceptability of your course.

_____ The course entitled _____ may be used to meet the CPR requirements of 22 VAC 15-30-590 A of the Standards for Licensed Child Day Centers. The individual(s) mentioned in this form must teach the course and continue to hold current credentials from the certifying agency as noted in this form. You may use this course until _____. Any change to the CPR course or the center regulation or any new information we may learn about CPR may affect the acceptability of your course. Center staff need to take CPR courses appropriate for the entire age span of the children in the center's care.

_____ The course entitled _____ is not acceptable for meeting the first aid requirements of 22 VAC 15-30-590 A of the Standards for Licensed Child Day Centers because of the following:

_____ The course entitled _____ is not acceptable for meeting the CPR requirements of 22 VAC 15-30-590 A of the Standards for Licensed Child Day Centers because of the following:

**We can re-evaluate your First Aid or CPR course if
new or additional information is submitted.**

(Signature/Title of DSS Staff)

(Date)

(Phone Number)