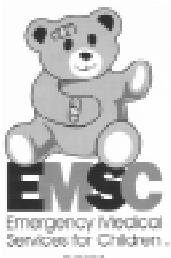


First Aid for Child Day Care Personnel

Ohio Department of Public Safety



Division of EMS



Emergency Medical Services for Children Program

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MANUAL OUTLINE

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VISUAL AIDS

PARTICIPANT HANDOUTS

EVALUATIONS

Dear First-Aid Trainer,

We at Ohio Department of Public Safety, Emergency Medical Services for Children (EMSC) program thank you for taking the steps to become a trainer for the *First Aid for Child Care Personnel* course.

Every day, millions of our young children leave home to spend part or most of their day in some type of child care setting, such as child care centers, family child care homes, or in-home care. In just 20 years, the percentage of children enrolled in child care has soared from 30 percent (1970) to 70 percent (1993). By the year 2000, 75 percent of women with children under 5 years of age will be employed and in need of child care. (*Healthy Child Care Campaign*). Based on the Ohio Department of Human Service's (ODHS) Day Care Status Report, 244,913 children currently receive child care services from approximately 4,000 facilities in Ohio. Of these children, 11,743 are infants, 29,420 are toddlers, 127,189 are preschool aged, and 72,180 are school aged. *This accounts for only the children receiving child care services in centers licensed by the Ohio Department of Human Services.*

An estimated 240 to 320 children lose their lives in centers across the country each year (*U.S. News & World Report, 1997*). In Ohio, there were 7 reported deaths and 12 reported serious injuries to children in child care just between July and December of 1997. Child day care providers would have made a difference to these children if they were aware that injuries can be prevented and had the knowledge and skills of how to prevent them; and were prepared for emergency situations and possessed basic emergency response and first-aid skills. Training of child care providers is a key factor in assuring the quality of care and the safety of Ohio's children.

This is how you will play a significant role. There is a great need for up-to-date and affordable first-aid training as child day care centers have limited amounts of money and staff turnover is high. Licensed centers in Ohio are *required* to have at least one staff member on site at all times who has completed an approved safety and first-aid training course. Completion of this course fulfills the first aid requirement.

A multi-disciplinary task force was formed to assist in the development and review of the curriculum materials. In addition, the course was pilot tested with staff from child care centers and their recommendations were incorporated into the curriculum materials. This manual contains the information that you will need to train child day care providers in first-aid. Please become familiar with your manual. It was designed with trainer notes, activities, visual aids, handouts, and evaluations. It also contains a trainer reference section with instructions, tips and checklists; background information on child care providers; and suggestions for promoting the training.

Please keep us informed of your activities within the child care community, your use of this course and success or problems you experience. You may reach the EMSC program at 1-800-233-0785.

Sincerely

Linda C. Ishler
Executive Administrator, Division of EMS

First Aid for Child Day Care Personnel

Ohio Department of Public Safety, 1999
Division of EMS
Emergency Medical Services for Children Program
Columbus, Ohio

Linda C. Ishler, Executive Administrator
Lt. Governor Maureen O'Connor, Director

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North Broadway Children's Center

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EMSC Grant Principal Investigator

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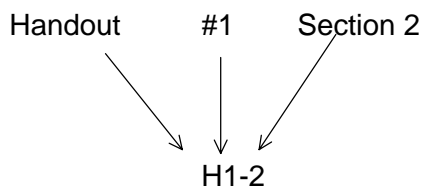
Don Wagner, HSD, CHES, University of Cincinnati, Program of Health Promotion

TRAINER INSTRUCTIONS

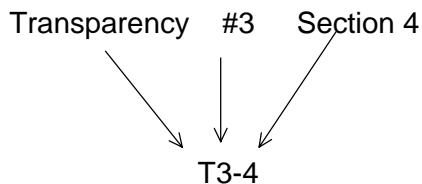
- Target Audience:** Providers of child care to infants, children and adolescents in child care centers.
- Group Size:** Limit class size to 20 or less
- Trainer Qualifications:** Registered Nurse, Licensed Physician, Certified EMS Instructor, American Red Cross Certified First-aid Trainer
- Length of Module:** Entire course is 6 hours.

The 6 hour training is divided into 6 separate parts which can be presented separately or all at once. Each section contains an overview indicating the general topics covered as well as the additional resources that are available. The overview is followed by a training outline formatted in two columns. The right column contains trainer notes. The left column contains handouts, transparencies and activities in their suggested order and placement. Activities for section 2 and 6 are listed in the outline but the actual instructions are found in the activities section following the outline.

Each handout, transparency, and activity is labeled with its own unique number so that you can match the outline to the correct resource. They are coded by type, number and section. For instance the first handout in section 2 is labeled H1-2.



The third transparency of section 4 is labeled T3-4.



The following symbols will be found in the trainer notes to cue you as to when to use the resource.

- H = Use Handout
- T = Use Transparency
- A = Use Activity

Important: This program was designed to be used in conjunction with the **participant handouts**. The handout masters can be found in your manual in the order that matches that curriculum outline. We **STRONGLY** urge you to copy and distribute a set of all handouts to each participant. Without the handouts, the participants will not be able to participate in some of the activities and they will not leave with the information that was intended.

Copies of the handouts can also be requested by contacting the EMSC program at 1-800-233-0785. These handouts are bound in a booklet form. You must request them at least two weeks prior to your training to ensure that they will arrive in time.

TRAINING TIPS

Before the Program

- **Limit your class size to less than 20.** This program is designed to be interactive and it cannot be effectively facilitated with a very large group.
- If you have the opportunity, co-facilitate the program with another instructor. This will make your job easier and is usually enjoyed by the participants.
- Arrange for enough copies of the handouts for each participant. Try to arrange for the handouts to be distributed in a booklet instead of loose leaf. Handouts in booklet form can be obtained through the EMSC program. Allow **at least** 2 weeks for mailing.
- Arrive early to set up. Test your audiovisual equipment and arrange your slides or transparencies. Arrange handouts on an information table or on the participants' chairs.
- Greet people as they enter.
- Be prepared. Make sure that you are prepared and know the content of the program well. Refer to your trainer manual and notes as necessary, but do NOT read from your manual. Having notes on cards may be helpful and convenient.

During the Program

General Tips

- Explain in your program introduction that you encourage questions and comments, but there is a great deal of information to cover and you don't want to run over on time.
- Allow time for several breaks and for evaluating the participants at the conclusion of the training.
- Use simple language whenever possible. Try to avoid medical terminology as the participants do not have medical backgrounds. If you must use a medical term, define the term at the same time. The trainer notes in your manual use lay person language.
- Keep it simple. Information that is brief and simply stated is more likely to be remembered. Don't provide a lot of technical information unless it is in response to a question.
- Pause after important points to let participants formulate questions. Individuals process information at different rates. Be sure to allow for these differences.
- Demonstrate as much as possible. Use gloves, props if available. It helps to make the information more "real" to the participants. If you have access to them, use mannequins/dolls. You can use them to demonstrate repositioning an injured child safely, controlling bleeding, immobilizing the neck (C-spine), rescue breathing, etc. They can be very useful.
- Watch for non-verbal cues from the group. These provide you with feedback on the clarity and effectiveness of your delivery. If you notice people looking puzzled or frustrated, stop and ask if anyone has questions. If people are yawning or looking around the room, take a break or use an activity to involve the participants more.
- Be sure you understand a question before you respond to it. Ask for further clarification if necessary before jumping in with an answer.
- Be specific in referring the participants to a handout. Allow time to find the handout before proceeding.
- Encourage participants to share experiences and ideas if relevant, but keep the group on track. Ask someone to hold off introducing a new topic or idea while another is being discussed. For example, "Could you hold that thought for a while. We will be talking about burns later in the program and I will be sure to address your question at that time."

TRAINING TIPS - Continued

Time-saving tips:

- You will not be able to thoroughly review every overhead and complete the program in 6 hours. Much of the information is contained in the handouts. Cover the main points using the trainer notes and then refer participants to their handouts for further information or as a reminder of the information.
- If you find that you are far behind schedule or are running out of time, you may have to eliminate certain topics or activities from your agenda. You may feel that your group is comfortable with basic first-aid principles and would like the opportunity to rehearse their skills in the presence of a trained instructor. Or you may feel that this group has specific first-aid questions that need to be addressed. Your group will be your best compass for determining what information can comfortably be eliminated. During the introduction, ask the group to share one thing they want to learn in the course.
- Keep on track. Don't allow yourself to be side-tracked by one question or specific issue unless you feel that it is a critical point to be made. If a participant has a very specific example or question that will take you some time to answer/explain, ask to come back to it at the end of the program or ask to speak to the participant individually at the end of the program. Try to be available for questions for a few minutes after the program. Some participants may feel more comfortable asking questions individually.

Involving Participants

- Try to increase participation as much as possible. Ask questions to allow the participants to interact. This will help to hold their attention. Use as many of the activities as time will allow.
- When misinformation is offered by a participant, validate the person whenever possible by showing understanding of how s/he acquired the misinformation. Be sure to then provide the correct information.

Day Care Rules

- Several of the most pertinent rules are included in your trainer manual in this section. A complete listing of rules for centers licensed by the Ohio Department of Human Services (ODHS) can be found on the ODHS website: www.state.oh.us/odhs/cdc/
- If you are asked a question about licensing rules and you do not know the answer or do not feel comfortable answering, remind the participants that you are not an expert on the rules. If they have specific questions, encourage them to call their licensing specialist.

DIFFICULT SITUATIONS

- Lack of Participation

Much of the first-aid curriculum is designed to be interactive. It may feel very uncomfortable to you if you ask a question and no one answers. When asking questions, give the participants time to answer. This may feel awkward but keep in mind that people process verbal information at different rates. Try to rephrase the question. If you still don't get a response, keep in mind the information that you want the group to leave with. You may have to switch into lecture mode to get the information out.

- Domination by one Participant

Try to get participation from everybody present. It's important that there is an opportunity for each group member to be heard. Don't let one or two people dominate the discussion. Don't be afraid to make a comment such as: "I really appreciate your participation but I'd really like to hear what others have to say at this point."

- You Don't Know the Answer to a Question

Don't be afraid to admit that you don't know the answer to a question. Don't give an answer that you are not sure of. You can tell people that you will find out the answer and get them the information at a later time or you can give them resources where they can find out the answer for themselves.

- You Disagree with a Comment Made by Another Participant

Don't get into an argument. You will probably not be able to change that person's mind. Just try to convey the accurate information to the rest of the group. Try one of the following and then move on:

"You have a point, however based on my experiences, I would disagree."

"What I've come to understand through my training and experiences is..."

CO-FACILITATION

There may be times when you are presenting this program with another trainer.

Following are Some Tips on Co-facilitation:

- The key to successful co-facilitation is preparing for the presentation together. It is a good idea to actually practice the program and especially the activities together. This will help you to understand how your co-facilitator feels about the issue.
- When planning the agenda, be aware of each other's style. Some people like a lot of structure and will want to divide the sections up very precisely; planning everything ahead of time. Others are more comfortable with a looser structure.
- As you discuss your stylistic differences and similarities, you may also want to talk about a decision-making process to use during the session itself. This may mean having the exercises prioritized so that you and your co-facilitator have agreed ahead of time what can be dropped if time is running out. It may mean that you will consult with the group about what they want to do. Having a system of communication during the session is very helpful. You might want to develop some signals to communicate messages such as "time is running out", or "we need to slow down," etc.

PLANNING CHECKLIST

- Do you have an appropriate room and AV equipment? Libraries, churches and community organizations often reserve space and AV equipment for community programs.
- Are the physical arrangements comfortable and attractive?
 - Are there enough chairs for everyone?
 - Is the lighting adequate?
 - Is the room temperature comfortable?
- Have you limited the number of participants to 20 or less? (This program is interactive and large groups will not be effective.)
- Have you confirmed with a contact person, the number of participants to expect?
- Have you prepared and tested the equipment you are using ahead of time? Be conscious of the fact that equipment may vary from site to site. Ask the person in charge of the equipment to demonstrate its use. When using slides, make certain that they are loaded properly and in the correct order.
- Do you have the following supplies:
 - Extra light bulbs if using a slide projector or transparency overhead projector?
 - Extension cord?
 - Easel with paper, dry erase board or chalk board for recording participant responses?
- Have you secured/copied enough handout packets for each participant?
- Have you copied enough Certificates of Completion, tests (if needed) and evaluation forms for each participant.
- Are you offering refreshments?
- Are nametags available?
- Have you allowed time for breaks and evaluations?

The following additional equipment/supplies are recommended for demonstration purposes, if available:

- Latex gloves
- Gauze or a cloth compress to demonstrate bleeding control
- CPR mannequins or baby doll
- Pocket masks or rescue breathing barriers
- Choke tubes/small object testers (available for under \$2.00)

VISUAL AIDS

- Visual aids can help reinforce information that is presented verbally or that needs to be referred to later in the program. This program was developed with a complete set of transparencies/slides which correspond with the trainer outline. They are an essential part of the program and should not be considered optional.
- Technical information, lists and facts are often more easily understood if they can be read from a chart. Educational methods like brainstorming are more effective if audience responses are written on a blackboard or flipchart. Visual aids can also give emphasis to the points you think are important.
- Visual aids must be seen to be effective. Will the people in the back of the room be able to see the slides or what you are writing on the board? Does the arrangement of the room allow the visual aids to clearly be viewed by everyone? Are you standing to the side of the screen so that you are not obstructing anyone's view?
- Do not use the visual aids as a script, but rather as a cue for important points from which to elaborate and clarify. Use the additional information in the trainer notes to supplement points on the visual aids. Most people don't like to be read to from overheads. They expect elaboration and examples. Be cautious however, to remain concise as time is a limiting factor.
- Rehearse the program using the visual aids. This rehearsal will reveal any pitfalls that may occur and will ensure you are comfortable using them. If you are not comfortable with the visual aids, your audience will not be comfortable with them.

10% of Participants may remember **VERBAL** Information

20% of Participants may remember **VISUAL** Information

60% of Participants may remember information presented **BOTH VERBALLY & VISUALLY.**

Visual Aids are important!

Educational Methods and Materials	Advantages	Disadvantages
Lectures or Verbal Presentations	<ul style="list-style-type: none"> • Efficient • Familiar style for many • Easy to estimate length of section 	<ul style="list-style-type: none"> • One-way communication - can be boring and overwhelming. • Separates speaker from the participants • Participants have little personal stake in the program
Discussion	<ul style="list-style-type: none"> • Gets participants involved • Participants clarify their own ideas and values • Participants hear from and learn from their peers • Presenter gets instant feedback and can gauge reaction to information 	<ul style="list-style-type: none"> • Less effective for large groups. • Can be time-consuming and group may go off-track
Brainstorming	<ul style="list-style-type: none"> • Every person has the opportunity to speak • Interactive • No right or wrong answers • Presenter finds out "where the group is coming from" • May increase attention as this gives participants a stake in the program 	<ul style="list-style-type: none"> • Can get tiring if overused • Must be open to all comments even if they seem "off track" • They might not say what you want/expect.
Structured Activities	<ul style="list-style-type: none"> • Encourages participants to become clear about their own attitudes and feelings • Allows participants to share ideas and find out how others feel • Actively involves participants • Allows participants to practice skills and apply learning 	<ul style="list-style-type: none"> • May require large spaces • Less effective with large groups • Can be time consuming
Films and Print Resources	<ul style="list-style-type: none"> • Participants usually enjoy films, videos, etc. • Attention-getting • Good for visual learners 	<ul style="list-style-type: none"> • May become out-of-date quickly • Need special equipment to use

As you can see, each type of educational method has its own advantages and disadvantages. The most effective programs are those which include as many methods as possible.

HOW ADULTS LEARN

The participants in the class sessions are adults; they have learning needs that are different from the needs of children. By practicing the following tips, a trainer can make the material more meaningful for the adult learner.

- **Adults have much experience.**

Adults want to acknowledge, honor, and use that experience. Adults learn a great deal from sharing and analyzing their experiences. They like to relate new experiences to what they already know and to what they have done in the past. For example, trainers may want to include within the program an opportunity for participants to share experiences they have had on the topic. This will make participants feel more a part of the session and more comfortable with the group.

- **Adult learning is often problem-focused.**

Adults usually enter a learning experience not because they “ought to”, but because they think it will be relevant to specific needs. Trainers should relate this course to how it will realistically help providers in their day to day caring for children. For example, the trainer can call upon caregivers to cite specific examples of topic areas to help give a clear picture of the discussion.

- **Adults want to apply what they learn immediately.**

Trainers should be sure to point out materials and information that can be used today. For example, “When you get home post this right away on the refrigerator”.

- **Adults like to be active learners.**

They prefer participation to passivity. Active learning seems to help people remember what they have learned. Trainers should make the effort to include all participants in the activities and discussions. Use their names when talking to participants to make them feel more comfortable.

(Information taken from: "Health and Safety in Family Day Care: An Introductory Course for Family Day Care Providers", Ohio Department of Health, Division of Maternal and Child Health & Ohio Department of Human Services, Bureau of Child Care, 1992)

CHILD CARE PROGRAMS & RULES:

Child day care can occur in many different settings. The 6-hour first-aid program is required by programs licensed by the Ohio Department of Human Services (ODHS) and the Ohio Department of Education (ODE). ODHS licenses centers and Type A homes. ODE licenses preschool and school age programs including programs operated by public schools, chartered schools, county boards of MR/DD and head start programs.

Child care also occurs in settings where a license is not required. These settings usually are in a provider's residence. Although these programs are not required to have a staff person complete the 6-hour first-aid course, first-aid training is certainly encouraged for these providers as well.

Included below is a summary of the first-aid requirement for licensed child day care centers. A complete list of rules for licensed centers in Ohio can be found on the ODHS website: www.state.oh.us/odhs/cdc/ Keep in mind that these rules are subject to change.

- A) Each child day care center shall have on the center premises and readily available at all times at least one child-care staff member who has completed a course in first aid. There shall be at least one such trained person for every seventy-five children on the center premises.
- B) The first aid section of the course shall meet the following requirements:
 - 1. It shall be at least six hours in length.
 - 2. The instruction shall include, but not be limited to, recognition and emergency management of:
 - a) bleeding
 - b) burns
 - c) poisoning, including over medication
 - d) anaphylaxis
 - e) respiratory distress, including choking
 - f) musculo-skeletal injury
 - g) seizures
 - h) wounds, including animal and insect bites
 - i) hyperglycemia and hypoglycemia
 - j) loss of consciousness
 - k) head injury
 - l) shock
 - m) dental emergencies, utilizing the Ohio Department of Health "Dental First Aid Chart"
 - 3. The instruction shall be provided by a person who meets at least one of the following requirements. The person shall be:
 - a) a currently authorized "American Red Cross" First Aid Instructor
 - b) A licensed physician or registered nurse
 - c) An EMS - Instructor
 - 4. For each trained person, there shall be on file at the center for review by the director written verification that the first-aid section of the training has been completed. Compliance shall be verified in one of the following ways:
 - a) Written verification from the "American Red Cross" that is signed and dated by a representative of the "American Red Cross." This training shall be valid for the period of time recognized by the "American Red Cross"; OR
 - b) A statement signed by the trainer, on the form prescribed by the director verifying said training. This training shall be valid for three years from the date of training. (A form is included on the next page).

WHO ARE THE CHILD CARE PROVIDERS?

It is very difficult to describe the typical child care provider except to say that she or he enjoys working with children. The majority of providers are women who may work in their homes, in another's home, in centers or in schools. Their work is not highly valued in our society and is usually poorly paid. Parents are most often the primary source of payment and for many parents today, child care expenses may be the third largest expense after food and rent.

Consequently, child care providers are often overworked and underpaid, conditions which lead to high turnover rates or to programs with poor resources. Child care providers may have a wide variety of cultural and educational backgrounds. They may enter the field with advanced degrees and knowledge of child development or with knowledge based on experience and good sense. Many child care providers are involved in efforts to improve their professional status by taking classes and by working with their professional organizations or family child care associations; some are content to remain where they are professionally. However, when they were surveyed, over 90% stated they would welcome health and safety education.

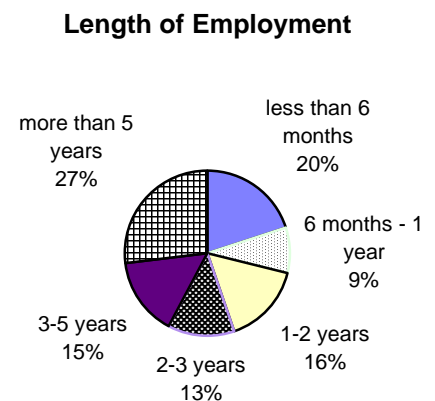
The challenge as a safety and first aid trainer is to respect these individual differences and to draw on the rich experiences of the child care providers as you share your expertise.

(From "Child Care Lead Poisoning Prevention, California Child Care Health Program")

Child Care Providers in Ohio

Following is some information specific to Ohio child care professionals. The information is based on responses from a 1991 survey conducted by *the Ohio Association for the Education of Young Children*:

- Compensation for child care center providers is substantially less than a person with similar education receives in other comparable professions.
- 96% of child care professionals are female.
- 85.8% are white and 11.8% are African American
- About 36.8% of the surveyed professionals are 30 years of age or younger, which indicates an older work force who return to child care following other pursuits.
- 68.7% of Ohio's child care centers had some type of staff turnover in the past 12 months.



PROMOTING YOUR TRAINING

Following are a few ideas for promoting the first-aid training to child care centers in your community:

Send a letter or flyer to child day care centers in your area:

The Ohio Department of Human Services' (ODHS) child care website (www.state.oh.us/odhs/cdc/) contains a search engine where one can locate contact information for child care centers locally and statewide. You can search by type of facility, city, county, etc. This site will connect you **only** with centers licensed by ODHS, not the sites licensed by the Ohio Department of Education which would include programs operated by public schools, chartered schools, county boards of MR/DD and head start programs.

Work with Child Care Resource and Referral Centers (CCRRC)

CCRRCs provide many beneficial services to child care providers and the families they serve. Their primary goal is to improve the quality and accessibility of child care for children, their families and providers. One service that they provide is to coordinate training programs and to link child care providers to training. Many child care centers utilize the CCRRCs to find affordable and accessible training in their communities. You may want to work with these agencies to help make your training available to child care providers. Contact the statewide agency to find a CCRRC near you.

Ohio Child Care Resource & Referral Agency (OCCRRA)
78 Jefferson Ave.
Columbus, OH 43215
614/224-0222

Networking in your Community

The following organizations often receive requests for first-aid training. By making yourself known to the appropriate staff in these settings, you may receive referrals for training.

- Children's Hospitals
- Local Health Departments
- EMS Agencies

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