

State of Connecticut
Supplementary Materials for
Heartsaver®
Pediatric First Aid CPR AED

April 26, 2021



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State Requirements

Connecticut Sample Agenda

The Connecticut Office of Early Childhood requires that day care providers be given specific information for first aid training. American Heart Association Instructors conducting Heartsaver Pediatric First Aid CPR AED courses in Connecticut must cover the additional topics in this document to meet the state requirements.

The information provided in this supplement is basic information. It is the participant's responsibility to review the state laws, rules, and regulations at <http://www.ct.gov> to ensure that they have the most current changes and information. To contact Connecticut licensing, please call 860-500-4450 or toll-free 1-800-282-6063.

At the end of the course, students must be given a Heartsaver Pediatric First Aid CPR AED course completion card with the Total option marked and a certificate indicating that they have received the supplementary information.

The sample agenda below contains estimates of the time it may take to cover the first aid and supplementary information; however, per state requirements, a minimum of 360 minutes (6 hours) is required for first aid training.

Note: The practice and testing times can be adjusted to accommodate for the number of students.

Session	Duration
Welcome and Introductions	8 minutes
First Aid Basics Part 1: Introduction to First Aid Part 2: Assessing the Scene and Phoning for Help Part 3: Universal Precautions and Exposure to Blood Part 4: Removing Gloves Practice removing gloves (10-15 minutes) Removing Gloves (Test) (10-15 minutes) Part 5: Washing Hands Part 6: Finding the Problem Practice Finding the Problem (10-15 minutes) Finding the Problem (Test) (10-15 minutes)	80 minutes
First Aid Basics Summary	2 minutes
Medical Emergencies Part 1: Allergic Reactions Part 2: Administering an Epinephrine Injection Practice epinephrine injections (5-10 minutes) Epinephrine Injections (Test) (10-15 minutes) Part 3: Breathing Problems (Asthma) Part 4: Choking (will be taught with supplemental information) Part 5: Diabetes and Low Blood Sugar Part 6: Seizure Part 7: Heart Attack and Stroke Part 8: Fainting	70 minutes
Medical Emergencies Summary	3 minutes

Session	Duration
Injury and Environmental Emergencies Part 1: External Bleeding Practice controlling bleeding and bandaging (5-10 minutes) Controlling Bleeding and Bandaging (Test) (5-10 minutes) Part 2: Shock, Penetrating and Puncturing Injuries, Amputation Part 3: Bleeding From the Nose, Bleeding From the Mouth, Tooth Injuries, Eye Injuries Part 4: Internal Bleeding Part 5: Concussions; Head, Neck, and Spine Injuries Part 6: Broken Bones and Sprains; Splinting Part 7: Burns; Electrical Injuries Part 8: Bites and Stings Part 9: Heat-Related Emergencies Part 10: Cold-Related Emergencies Part 11: Poison Emergencies Part 12: Water Safety	60 minutes
Injury and Environmental Summary	2 minutes
Prevention Strategies Part 1: Risks of Smoking and Vaping Part 2: Benefits of a Healthy Lifestyle Part 3: Preventing Illness and Injury	10 minutes
Conclusion	2 minutes
Lunch	30 minutes
Connecticut Supplementary Information	140 minutes
Child and Infant Choking: (include here only if CPR is not being taught) Practice child choking (5 minutes) Practice infant choking (5 minutes)	20 minutes
Car Safety and Prevention	10 minutes
Child Abuse Regulations	20 minutes
Contagious Diseases	15 minutes
Checking a Child's Temperature	10 minutes
Vomiting	10 minutes
Diapering	10 minutes
Cleaning, Sanitizing, and Disinfecting	20 minutes
Preventing Illness and Injury	25 minutes
Adjourn or add CPR AED	

Additional Training Is Required for Medication Administration

Please note that separate training is required to administer medication by oral, topical, and inhalant routes and by a premeasured, commercially prepared, injectable medication. This training must be taught by a physician, physician assistant, advanced practice registered nurse, or registered nurse.

This information is basic information. For more detailed day care center regulations and information, refer to Section 19a-79-9a of the Connecticut State Regulations, Administration of medication in the center regulations. Administration of medications in group day care homes and child day care centers that administer medications of any kind shall comply with all requirements of this section and shall have written policies and procedures at the facility governing the administration of medications which shall include, but not be limited to, the types of medication that shall be administered, parental responsibilities, staff responsibilities, proper storage of medication, and record keeping.

Said policies and procedures shall be available for review by a Licensing Specialist during site inspections or upon demand and shall reflect best practice. A group day care home or child day care center shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction or for injectable equipment used to administer glucagon. A group day care home or child day care center shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma.

Section 19a-87b-17. Administration of medications in the family care center regulations. Prior to the administration of any medication, the licensed provider and any substitute(s) who are responsible for administering the medications shall first be trained by a physician, physician assistant, advanced practice registered nurse, or registered nurse in the methods of administration of medications and shall receive written approval from the trainer which indicates that the trainee has successfully completed a training program as required herein. A provider or substitute trained and approved to administer medication shall also be present whenever a child who has orders to receive medication is enrolled and present at the facility.



Child and Infant Choking

If the CPR AED portion of the course is not being taught, the child and infant CPR choking lessons must be covered.

Use Lesson Plans: Heartsaver Pediatric First Aid CPR AED outline for the Heartsaver Pediatric Total course path: Lesson 4, Part 4 (Medical Emergencies), and play the Child Choking and Infant Choking lessons on the Pediatric First Aid Course: Disc 1 from the Heartsaver Pediatric First Aid CPR AED DVD set.

Refer students to the written material in the Heartsaver Pediatric First Aid CPR AED Student Workbook, pages 143 to 147.

Car Safety and Prevention

The car safety and prevention information for the course is basic information and is taken from the Connecticut General Statutes. This information refers to Section 14-100a-1 of the Regulations of Connecticut State Agencies. They require that additional information be presented to childcare providers in the state of Connecticut. American Heart Association Instructors must cover this content:

Section 14-100a. Seat safety belts. Child restraint systems. Wheelchair transportation devices.

- a) No new passenger motor vehicle may be sold or registered in this state unless equipped with at least 2 sets of seat safety belts for the front and rear seats of the motor vehicle, which belts comply with the requirements of subsection (b) of this section. The anchorage unit at the attachment point shall be of such construction, design, and strength as to support a loop load strength of not less than 4000 pounds for each belt.
- b) No seat safety belt may be sold for use in connection with the operation of a motor vehicle on any highway of this state unless it is so constructed and installed as to have a loop strength through the complete attachment of not less than 4000 pounds, and the buckle or closing device shall be of such construction and design that after it has received the aforesaid loop belt load it can be released with one hand with a pull of less than 45 pounds.
- c) (1) The operator of and any front seat passenger in any motor vehicle or firefighting apparatus originally equipped with seat safety belts complying with the provisions of 49 CFR 571.209, as amended from time to time, shall wear such seat safety belt while the vehicle is being operated on any highway, except as follows:
 - (2) A child 6 years of age and under shall be restrained as provided in subsection (d) of this section;
 - (3) The operator of such vehicle shall secure or cause to be secured in a seat safety belt any passenger 7 years of age or older and under 16 years of age; and
 - (4) If the operator of such vehicle is under 18 years of age, such operator and each passenger in such vehicle shall wear such seat safety belt while the vehicle is being operated on any highway.
- d) Any person who transports a child under the age of 4 years, weighing less than 40 pounds, in a motor vehicle on the highways of this state shall provide and require the child to use a child restraint system approved pursuant to regulations adopted by the Department of Motor Vehicles in accordance with the provisions of Chapter 54. Any person who transports a child under the age of 4 years, weighing 40 or more pounds, in a motor vehicle on the highways of this state shall either provide and require the child to use an approved child restraint system or require the child to use a seat safety belt. As used in this subsection, "motor vehicle" does not mean a bus having a tonnage rating of 1 ton or more. Failure to use a child restraint system shall not be considered as contributory negligence nor shall such failure be admissible evidence in any civil action.

Any person who violates the provisions of this subsection shall, for a first violation, have committed an infraction; for a second violation, be fined not more than \$199; and, for a third or subsequent violation, be guilty of a class A misdemeanor.

The commissioner shall require any person who has committed a first or second violation of the provisions of this subsection to attend a child car seat safety course offered or approved by the Department of Motor Vehicles. The commissioner may, after notice and an opportunity for a hearing, suspend for a period of not more than 2 months the motor vehicle operator's license of any person who fails to attend or successfully complete the course.

Effective October 1, 2012, there were changes made that require a rear-facing seat for a child less than 2 years/30 pounds, a 5-point harness for a child up to 5 years/40 pounds, and a booster seat for a child up to 8 years/60 pounds. For more information on carriers, car seats, and child transportation, please see the updates at www.ct.gov/oec/childcare.

Child Abuse Regulations

The child abuse information within the course is basic information. Instructors must also cover the Connecticut statutes and regulations below and at <http://www.ct.gov/oec/childcare>.

Section 17a-101. The public policy of this state is: To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good childcare; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse or neglect, investigation of such reports by a social agency, and provision of services, where needed, to such child and family.

Any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home licensed by the state is a mandated reporter.

Section 17a-101b. An oral report shall be made by a mandated reporter as soon as practicable but not later than 12 hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm, by telephone or in person to the Commissioner of Children and Families or a law enforcement agency. If a law enforcement agency receives an oral report, it shall immediately notify the Commissioner of Children and Families.

If the commissioner or the commissioner's designee suspects or knows that such person has knowingly made a false report, the identity of such person shall be disclosed to the appropriate law enforcement agency and to the perpetrator of the alleged abuse.

Whenever a mandated reporter, as defined in section 17a-101, has reasonable cause to suspect or believe that any child has been abused or neglected by a member of the staff of a public or private institution or facility that provides care for such child or a public or private school, the mandated reporter shall report as required.

Section 17a-101c. Written report by mandated reporter. Not later than 48 hours after making an oral report, a mandated reporter shall submit a written report to the Commissioner of Children and Families or the commissioner's designee. When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for such child or public or private school, the reporter shall also submit a copy of the written report to the person in charge of such institution, school, or facility or the person's designee. In the case of an employee of a facility or institution that provides care for a child which is licensed by the state, a copy of the written report shall also be sent by the Commissioner of Children and Families to the executive head of the state licensing agency.

Section 17a-101d. All oral and written reports required above shall contain, if known: (1) The names and addresses of the child and his parents or other person responsible for his care; (2) the age of the child; (3) the gender of the child; (4) the nature and extent of the child's injury or injuries, maltreatment, or neglect; (5) the approximate date and time the injury or injuries, maltreatment, or neglect occurred; (6) information concerning any previous injury or injuries to, or maltreatment or neglect of, the child or his siblings; (7) the circumstances in which the injury or injuries, maltreatment, or neglect came to be known to the reporter; (8) the name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment, or neglect; (9) the reasons such person or persons are suspected of causing such injury or injuries, maltreatment, or neglect; (10) any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment, or neglect of a child; and (11) whatever action, if any, was taken to treat, provide shelter, or otherwise assist the child.

Section 17a-101e. Any person, institution, or agency which, in good faith, makes, or in good faith does not make, the report pursuant to above sections shall be immune from any liability, civil or criminal, which might otherwise be incurred or imposed and shall have the same immunity with respect to any judicial proceeding which results from such report provided such person did not perpetrate or cause such abuse or neglect.

Any person who is alleged to have knowingly made a false report of child abuse or neglect shall be referred to the office of the Chief State's Attorney for purposes of a criminal investigation. Any person who knowingly makes a false report of child abuse or neglect shall be fined not more than \$2000 or imprisoned not more than 1 year or both.

Contagious Diseases

Overview

Some diseases are known as contagious diseases because they spread easily from person to person. It is very easy to spread many of these diseases among children in a group, especially in a childcare setting.

The contagious diseases information within the course is basic information. Instructors must also cover the Connecticut statutes and regulations below and at <http://www.ct.gov/oec/childcare>.

What You Will Learn

At the end of this section, you will be able to

- Tell how contagious diseases spread
- Tell how to prevent the chances of spreading diseases
- List at least 3 types of contagious diseases
- List at least 3 types of vaccine-preventable diseases

Preventing the Spread of Contagious Diseases

How Contagious Diseases Spread

Contagious diseases can spread through direct contact or by breathing in droplets in the air.

The following chart describes different ways diseases can spread:

Source	How the Disease Spreads
Intestinal system	<ul style="list-style-type: none"> • Contact with vomit, dirty diapers, or diarrhea of a sick child • Contact with dirty clothing, furniture, or bedding near a sick child
Respiratory system and in the air	<p>A sick person spreads germs to someone who is not sick through the air by</p> <ul style="list-style-type: none"> • Coughing • Sneezing • Touching surfaces with secretions from the airway
Direct contact with infected body fluid	<ul style="list-style-type: none"> • If a child has a runny nose and wipes it on another person or does not dispose of dirty tissues appropriately • Discharge from an infected eye • Crusty scabs • Someone touches the blood, urine, or saliva of a sick person

Reducing the Chances of Spreading Diseases

The best way to prevent the spread of disease is by washing your hands before and after you care for a child. Use a waterless hand sanitizer if you do not have immediate access to soap and water. Wash your hands as soon as possible.

Recognizing and Treating Contagious Diseases

Types of Contagious Diseases

The following chart lists some common contagious diseases, including their signs, how the diseases spread, how to care for a sick child, and when the sick child may return to childcare. This is not an exhaustive list; for more information on contagious diseases, see *Managing Infectious Diseases in Child Care and Schools* by the American Academy of Pediatrics.

Disease	Signs	How It Spreads	What You Should Do	When the Child May Return to School
Bacterial meningitis	<ul style="list-style-type: none"> • High fever • Headache • Stiff neck • Confusion • Nausea • Vomiting • Rash • Sleepiness • Loss of appetite • Seizures 	<ul style="list-style-type: none"> • Close contact with infected droplets that are spread when the child coughs, sneezes, or has direct contact with someone else 	<ul style="list-style-type: none"> • Keep the sick child away from other children. • Phone the child's parent/guardian. • Report the infection to the Department of Public Health. • <i>Note:</i> A vaccine is now available to prevent some bacterial meningitis. 	<ul style="list-style-type: none"> • When a doctor writes a note stating the child is well enough to return to school
Chickenpox (varicella) ¹	<ul style="list-style-type: none"> • Fever • Itchy rash that blisters, then turns to scabs • Runny nose • Cough 	<ul style="list-style-type: none"> • Coughing • Sneezing • Direct contact with rash, blisters, or scabs • <i>Note:</i> A child with chickenpox is contagious for 1 to 2 days before the rash appears and until all blisters have scabs. It takes 10-21 days for a person to develop chickenpox after contact with an infected person.² 	<ul style="list-style-type: none"> • Keep the sick child away from other children. • Phone the child's parent/guardian. • <i>Note:</i> A vaccine is available for chickenpox. 	<ul style="list-style-type: none"> • When all blisters have formed scabs
Diarrhea	<ul style="list-style-type: none"> • Frequent loose, watery stools • Pain in the abdomen 	<ul style="list-style-type: none"> • Contact with dirty diapers or diarrhea of the sick child • Contact with dirty clothing, furniture, or bedding touched by a sick child 	<ul style="list-style-type: none"> • Have the child rest in a quiet, cool room away from other children. • Make sure the child drinks plenty of fluids, such as commercially available drinks recommended by the child's healthcare provider, to keep the child from becoming dehydrated. 	<ul style="list-style-type: none"> • When symptoms are gone

1. <http://www.cdc.gov/chickenpox/about/overview.html>

2. <http://www.cdc.gov/chickenpox/about/index.html>

Disease	Signs	How It Spreads	What You Should Do	When the Child May Return to School
			<ul style="list-style-type: none"> • If the child's diarrhea is severe or if other signs exist (eg, fever, change in behavior, visible blood in the stool), phone the child's parent/guardian, healthcare provider, or your emergency response number (or 9-1-1). • A provider cannot continue to care for a child with more than one undiagnosed case of diarrhea. 	
Head lice	<ul style="list-style-type: none"> • Child scratches her head, neck, or behind her ears frequently • Nits (tiny, gray/white eggs) glued to hair near scalp 	<ul style="list-style-type: none"> • Direct contact that allows lice to crawl from one person to another • Shared hair accessories (combs, brushes, barrettes, hats) • Shared blankets, sheets 	<ul style="list-style-type: none"> • Keep the infected child away from other children. • Phone the child's parent/guardian and ask them to contact the child's healthcare provider. • Ask the parents/guardians of any children who may have had close contact with the infected child to contact their healthcare provider about possible treatment. • Check children whom you have seen scratching their heads for lice. • Any childcare worker who has had close contact with the infected child should also be treated. • Clean carpets. • Clean clothes, bedding, and towels used by the child: • Wash in hot water. • Dry in a hot dryer. 	<ul style="list-style-type: none"> • After the child has been treated as recommended by the child's healthcare provider
Hepatitis A ³	<ul style="list-style-type: none"> • Fever • Exhaustion • No appetite • Nausea 	<ul style="list-style-type: none"> • Contact with dirty diapers or stool from a sick child 	<ul style="list-style-type: none"> • Contact the child's healthcare provider. • Contact the Department of Public Health for steps 	<ul style="list-style-type: none"> • Contact the Department of Public Health for steps to

3. <http://www.cdc.gov/hepatitis/index.htm>

Disease	Signs	How It Spreads	What You Should Do	When the Child May Return to School
	<ul style="list-style-type: none"> • Pain in the abdomen • Dark brown urine • Skin and eyes that look yellow (jaundice) • Children under 6 years of age usually have no symptoms. 	<ul style="list-style-type: none"> • Contact with dirty clothing, furniture, or bedding that a sick child touched 	to control the spread of hepatitis.	control the spread of hepatitis A. <ul style="list-style-type: none"> • Usually 1 week after illness began and after all people who might have been exposed have received medicine
Scabies ⁴	<ul style="list-style-type: none"> • Pimple-like bumps or rash, especially • Between the fingers • On the folds of the wrist, elbow, or knee • At the waist • Severe itching, especially at night • Sores on the body from scratching • Infants may have a rash that looks like blisters on • Neck • Head • Palms • Bottom of feet 	<ul style="list-style-type: none"> • Close, prolonged skin-to-skin contact • Shared clothing, bedding, and towels 	<ul style="list-style-type: none"> • Keep the infected child and his clothing and linens away from other children. • Phone the child's parent/guardian and ask them to contact the child's healthcare provider regarding treatment. • Ask the parents/guardians of any children who may have had close, prolonged contact with the infected child to contact their healthcare provider about possible treatment. • Any childcare worker who has had close, prolonged contact with the infected child should also be treated. • Clean clothes, bedding, and towels used by the child: <ul style="list-style-type: none"> • Wash in hot water. • Dry in a hot dryer. 	<ul style="list-style-type: none"> • After treatment is completed (usually overnight)
Strep throat ⁵	<ul style="list-style-type: none"> • Fever • Sore throat • Swollen glands in the neck • Pus on the tonsils • Difficulty eating, drinking, or swallowing • Rash 	<ul style="list-style-type: none"> • Coughing • Sneezing • Close, prolonged contact 	<ul style="list-style-type: none"> • Keep the sick child away from other children. • Phone the child's parent/guardian. 	<ul style="list-style-type: none"> • 24 hours after treatment begins

4. <http://www.cdc.gov/parasites/>

5. <https://www.healthychildren.org/English/health-issues/conditions/ear-nose-throat/pages/When-a-Sore-Throat-is-a-More-Serious-Infection.aspx>



Vaccines to Prevent Diseases

Understanding Vaccines

There are vaccines to prevent many common childhood illnesses, including

- Bacterial meningitis
- Chickenpox
- Hepatitis B

The Recommended Childhood and Adolescent Immunization Schedule from the Centers for Disease Control and Prevention lists times for recommended immunizations for children and adolescents. Be sure to check <http://www.ct.gov/dph/immunizations> for the most up-to-date version of this schedule.

Check with your organization's regulatory agency about which immunizations the children in your area need to attend childcare or school.

Checking a Child's Temperature

Overview

If you think a child feels warm when you touch him, you may think that he is sick and has a fever. However, you will not know whether he has a fever unless you take his temperature.

The information within the course is basic information. Instructors must also cover the Connecticut statutes and regulations below and at <http://www.ct.gov/oec/childcare>.

Different Ways to Take a Child's Temperature

You can take a child's temperature by

- Mouth (oral thermometer)
- Ear (tympanic thermometer)
- Underarm (axillary thermometer)
- Touchless infrared
- Rectal

Follow the manufacturer's instructions to take a child's temperature.

Cleaning and Storing a Thermometer

Be sure to clean the thermometer before and after each use. Follow the manufacturer's recommendations for cleaning the thermometer.

To protect the thermometer between uses, store it in its original storage case.

Do Not

Do not use a mercury thermometer. Mercury thermometers are glass with a bulb at the end. The American Academy of Pediatrics encourages parents to remove mercury thermometers from their homes to prevent accidental exposure to this toxin.

For more information on taking a child's temperature, visit the American Academy of Pediatrics website at www.aap.org, or www.healthychildren.org.⁶

6. <http://www.healthychildren.org/English/health-issues/conditions/fever/pages/How-to-Take-a-Childs-Temperature.aspx>

Vomiting

Overview

Vomiting is common in children. There are many causes; most are not serious.

Section 19a-87b-11. Sick Childcare. A provider cannot continue to care for a child with more than 1 undiagnosed case of vomiting.

The information within the course is basic information. Instructors must also cover the Connecticut statutes and regulations below and at <http://www.ct.gov/oec/childcare>.

When to Seek Help

Phone the child's parent/guardian and seek medical help if the vomiting is severe or if the child has one or more of these other signs:

- Fever
- Change in behavior, such as confusion or irritability
- Blood or black material in the vomit
- Seizure
- Weakness, limpness, or inability to walk
- No urination/wet diapers for more than 8 hours
- Severe abdominal pain
- Head injury
- Dizziness

Actions for Vomiting

Follow these steps to give first aid to a child who is vomiting:

Step	Action
1	Make sure that the area is safe for you and the child.
2	Have the child rest in a quiet room away from other children. Do not place a child who is vomiting on his back. Instead place him on his side or stomach in case he vomits again.
3	If the child's vomiting is severe or if other signs exist (see above), phone the child's parent/guardian, healthcare provider, or your emergency response number (or 9-1-1).
4	If the child stops responding, start the steps of CPR if you know how, and send someone to phone the emergency response number (or 9-1-1).

Diapering

Overview

Infants and young children need their diapers changed frequently. Make sure you change diapers in a place used only for diapering. This area should be away from any food, drinks, or eating areas.

The diapering information within the course is basic information. Instructors must also cover the Connecticut statutes and regulations below and at <http://www.ct.gov/oec/childcare>.

Section 19a-87b-10. The provider shall change an infant's diapers frequently for the child's comfort, shall cleanse and disinfect the surface of the changing area after changing each diaper, shall dispose of waste material in a sanitary manner out of reach of the children, and shall wash his/her own hands with soap and hot water after changing and disposing of each diaper.

Supplies

Some children wear cloth diapers and others wear disposable diapers. In addition to the child's new diapers, you will need the following supplies:

- Nonporous paper for covering diapering area (should cover from the child's shoulders to feet)
- Disposable baby wipes or clean, wet paper towels
- Disposable nonlatex or plastic gloves (if required by your organization)
- Plastic bags for holding soiled clothing and for holding dirty diapers (if required by your organization)
- Diaper-disposal system or covered trash can lined with a plastic bag
- Running water and soap
- Paper towels and disinfecting solution for cleaning the changing area after changing the diaper
- Diaper cream or ointment if needed
- Clean clothes if needed

Changing a Child's Diaper

Follow these steps to change a child's diaper:

Step	Action
1	Wash the child's hands and your hands with running water and soap before and after diapering.
2	Make sure the diapering area is clean.
3	Cover the diapering area with nonporous paper.
4	Put on gloves if appropriate.
5	Place the child on the diapering area on his back. Make sure you do not leave the child alone or turn your back on the child without keeping a hand on the child.
6	If you cannot keep the child's feet away from the soiled diaper or diaper area, remove the child's shoes and socks.
7	Take off the child's clothes and open the child's diaper.
8	Wipe off any stool with baby wipes or wet paper towels. Be sure to <ul style="list-style-type: none"> • Wipe the child from front to back • Use a fresh wipe or wet paper towel for each wipe
9	Fold the old diaper to keep the soiled area inside the diaper.



Step	Action
	Dispose of the soiled diapers as follows: <ul style="list-style-type: none">• Disposable diapers: Place the soiled diaper and wipes in the covered receptacle or a plastic bag; then place the bag in the covered receptacle.• Cloth diapers: Place the soiled diaper in a plastic bag and seal; give to the child's parents to take home.<ul style="list-style-type: none">– Place soiled wipes in the covered receptacle or a plastic bag, then place the bag in the covered receptacle.
10	Wipe your hands with a disposable wipe.
11	Put a clean diaper on the child and redress.
12	Remove the child from the diapering area.
13	Wash the child's hands and your hands with soap and running water.

Cleaning the Diapering Area

After you change the child's diaper, follow these steps to clean the diapering area:

Step	Action
1	Put the paper from the diapering area in the trash can or plastic bag.
2	Clean any stool or urine you can see from the diapering area with detergent and water.
3	Use a disinfecting solution to wipe the surface of the diapering area. Let it air dry for at least 2 minutes.
4	Remove gloves (if used). Put any used gloves in the trash can or plastic bag.
5	Wash your hands with running water and soap.

Cleaning, Sanitizing, and Disinfecting

Overview

Regular cleaning and sanitizing help reduce the chance of spreading contagious diseases.

- To clean an item, use detergent and water, and then rinse the item with water until there is no visible dirt.
- To sanitize an item, use a bleach solution (1 tablespoon of bleach per gallon of water) and leave it in contact with the item for 2 minutes. You may also use an EPA-registered sanitizing solution, following the manufacturer's directions.
- To disinfect an item, use a stronger bleach solution ($\frac{1}{4}$ to $\frac{3}{4}$ cup bleach per gallon of water) and leave it in contact with the item for 2 minutes.

What to Clean, Sanitize, and Disinfect

The following table⁷ shows recommended cleaning protocols for childcare areas:

Area	Clean With Green Cleaner*	Sanitize	Disinfect
General: shelves, windows, high countertops, carpets, glass	X		
Surfaces touched by many hands (doorknobs, push bars, stair railings)	X	X	
Diaper changing areas, bathrooms	X		X
Mouthed toys; water fountains	X		X
Kitchen: eating utensils, bottles, dishes; food preparation areas (where food is served, stored, or prepared)	X	X	
Surfaces/objects contaminated with blood and body fluids	X		X

*Green Cleaners are certified by a third party such as Green Seal, Eco-Logo, or Design for the Environment (DfE).

During an outbreak of gastrointestinal illness or flu, clean/sanitize more frequently, between uses or groups.

7. From Connecticut Department of Public Health. *Tips for Cleaning Child Care Facilities the Safe & Healthy Way*. Hartford, CT: Connecticut Department of Public Health; revised July 2016.

Preventing Illness and Injury

Overview

Children should be in a safe environment at all times. Please see the information from the statute for more information on the requirements on the physical environment.

Injuries are the leading cause of death in children. According to the Centers for Disease Control and Prevention, over 9 million children are seen in emergency departments for injuries each year. Each year, among those 0 to 19 years of age, more than 12 000 people die from unintentional injuries and more than 9.2 million are treated in emergency departments for nonfatal injuries.⁸ You can help prevent illness and injury to children. Look for possible dangers. Take simple actions to keep children safe. Go to www.cdc.gov/safechild for more information.

The information for maintaining a safe physical environment within the course is basic information. Instructors must also cover the Connecticut statutes and regulations below and at <http://www.ct.gov/oec/childcare>.

Below is a list of guideline points from the physical environment section of the family and center regulations. For more information detailed and specific information, refer to the sections noted.

Subject	Regulatory Notes	Family Day Care	Regulation Section	Center Day Care	Regulation Section
Allergic Reactions		The epinephrine pen must be accessible to staff but inaccessible to children.	19a-87b-17. Administration of medications	The epinephrine pen must be accessible to staff but inaccessible to children.	19a-79-9a. Administration of medications
Bites and Stings		The use of insect repellent must be with parent permission.	19a-87b-17. Administration of medications	The use of insect repellent must be with parent permission.	19a-79-9a. Administration of medications
Carbon Monoxide Detector	The regulations do not require a carbon monoxide detector in a family childcare home.	No regulation code is referenced.		The regulations require a carbon monoxide detector on each occupied level.	19a-79-7a. Physical plant
Drowning	No wading pools are permitted in childcare centers. Pool fencing is required to be at least 4 feet high.	The regulations require a 4-foot-high fence with locked entrances, which means a key or combination.	19a-87b-9. Requirements for the physical environment	Swimming, wading, and bathing facilities, if provided, shall comply with the provisions of sections 19-13-B33b, 19-13-B34, and 19-13-B36 of the Regulations of Connecticut State Agencies. No wading pools shall be used. No day care child shall be permitted in a hot tub, spa, or sauna. Hot tubs, spas, and saunas	19a-79-4a (c) Physical plant

8. https://www.cdc.gov/safechild/child_injury_data.html

Subject	Regulatory Notes	Family Day Care	Regulation Section	Center Day Care	Regulation Section
				shall be locked and inaccessible to children.	
Safe Sleep	The type of gate is not specified in the regulations. Window guards are not specifically required. The regulations state that windows need to be protected to prevent falls but does not specify how. All windows to the outside and that are used for ventilation shall be equipped with 16 mesh screening.	No child is permitted to sleep in a carrier. Gates are required for safety.	19a-87b-9. Requirements for the physical environment	No child is permitted to sleep in a carrier. Gates are required for safety.	19a-79-7a. Physical plant
Firearms		If firearms are stored in the home, keep them locked. They should be out of a child's sight and reach. Lock and unload each gun before storing it. Store ammunition separately from the firearms.	19a-87b-9. Requirements for the physical environment	Firearms are forbidden in the center.	19a-79-7a. Physical plant
Fire Extinguisher		The regulations require a mounted working fire extinguisher (5 pounds, ABC).		The regulations require that the need for a fire extinguisher is dictated by the local fire marshal.	
Fire Safety	Per the regulatory agency, exits are required from each room used for childcare.	The regulations require a smoke detector on each level. Fire drills are required 4 times a year.		The smoke detectors are determined by the local fire marshal.	
Heaters		Kerosene and unsafe space heaters are prohibited. Quartz heaters are not permitted.	19a-79-7a. Physical plant	Space heaters are prohibited. No portable heaters are allowed.	19a-87b-9. Requirements for the physical environment

Subject	Regulatory Notes	Family Day Care	Regulation Section	Center Day Care	Regulation Section
Poisoning		<p>Cleaning supplies do not need to be locked but must be stored inaccessible to children.</p> <p>Medications should be kept locked except for emergency medications that are stored inaccessible to children. Controlled medications are stored "double locked."</p>	19a-87b-9. Requirements for the physical environment	<p>Cleaning supplies must be stored locked.</p> <p>Medications should be kept locked except for emergency medications that are stored inaccessible to children. Controlled medications are stored "double locked."</p>	19a-79-7a. Physical plant
Playground		Make sure playground equipment is assembled and anchored correctly according to the manufacturer's instructions. Remove any broken glass or trash from playground areas. Protect children from heat- or cold-related injuries in very hot or cold weather.	19a-87b-10. Responsibilities of the provider and substitute and 19a-87b-9. Requirements for the physical environment	The playground surface must be equivalent to 8 inches of sand.	19a-79-7a. Physical plant
Sunburns		The use of sunscreen is only permitted with parent permission.		The use of sunscreen is only permitted with parent permission.	
Water Temperature Safety	The water temperature is not specified, but best practice is 115°F.	No regulation code is referenced.		The water heating equipment shall deliver water at the tap, the temperature of which shall be within a range of 60°F to 115°F. It shall have the capacity to deliver the required amounts at all times in conformance with the State of Connecticut Basic Building Code.	19a-79-7a. Physical plant (e.3)

Subject	Regulatory Notes	Family Day Care	Regulation Section	Center Day Care	Regulation Section
Wood-Burning Stoves		Yearly inspections of wood-burning stoves and fireplaces are not required. It is required at the time of the application or new installation, and a barrier must be in place.	19a-87b-9. Requirements for the physical environment	Wood burning stoves and fireplaces are not permitted.	19a-79-7a. Physical plant

Sample First Aid Kit—Connecticut Supplement

The contents listed below are enough for small establishments with about 2 or 3 children. Larger establishments need more first aid kits or extra supplies.

Item	Minimum Size or Volume	Quantity
Gauze pads	At least 4 × 4 inches	
Large gauze pads	At least 8 × 10 inches	2
Box of adhesive bandages		1
Nonmedicated adhesive strips, plain or sterile		At least 1 package
Sterile gauze squares	3- or 4-inch squares	4
Package of gauze roller bandage	At least 2 inches wide	2
Hypoallergenic adhesive tape		1 roll
Cold packs		2
Nonglass thermometer		1
Disposable nonporous gloves <ul style="list-style-type: none"> • Latex • Nonlatex (most people do not use latex gloves due to allergies) 		
Triangular bandages		2
Wound cleaning agent, such as sealed, moistened towelettes		At least one package
Scissors		1 pair
Blanket		At least 1
Tweezers		1 pair
Adhesive tape		1 roll
Resuscitation equipment, such as a pocket mask		1
Elastic wraps		2
Splint		
Directions for requesting emergency assistance (including list of important local emergency telephone numbers, such as police, fire department, EMS, and poison control center)		
Heartsaver First Aid Quick Reference Guide		
First Aid Supplies for Field Trips	Minimum Size or Volume	Quantity
Water		
Reliable communication device		
Liquid soap		
Hand sanitizer		
Emergency contact information for each child		
Medications as needed if the program administers medications		
Plastic bag for storage		

Child and Infant Safety Checklist—Connecticut Supplement

Action	I follow this safety precaution (check the box if yes)	Purchase of safety item is required (check the box if yes)
Car Safety		
Car Seats and Seat Belts		
Birth to 12 months A child younger than 1 year old should always ride in a rear-facing car seat. There are different types of rear-facing car seats: <ul style="list-style-type: none"> • Infant-only seats can only be used rear facing. • Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position. These allow you use of a rear-facing seat for a longer period of time. 		
Younger than 2 years (less than 30 pounds) Keep a child in a rear-facing car seat as long as recommended.		
2 to 5 years (30 to 40 pounds) Keep a child in a forward-facing car seat with a 5-point harness system.		
5 to 8 years (40 to 60 pounds) Keep a child in a booster seat until she is big enough to fit in a seat belt properly. For a seat belt to fit properly, the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snugly across the shoulder and chest. It should not cross the neck or face. Remember: The child should still ride in the back seat because it's safer there.		
8 years and older (more than 60 pounds) A seat belt should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.		
Preventing Injury		
Everyone who rides in a car should wear a seat belt.		
All children under 13 years of age should ride in the back seat.		
Everyone should keep arms and legs inside the car.		
Never leave children alone in or around cars, even for a minute.		
Make sure all child passengers have left the vehicle after it is parked.		
Take action to make sure you never leave a child in the car. <ul style="list-style-type: none"> • Put something you'll need, like your cell phone, handbag, employee ID, or briefcase, on the floorboard in the back seat. This will cause you to always look in the back seat before locking the car. • Keep a large stuffed animal in the child's car seat when the child isn't sitting in it. When the child is placed in the seat, put the stuffed animal in the front passenger seat. This will remind you that any time the stuffed animal is up front, the child is in the back seat in a child safety seat. 		

Action	I follow this safety precaution (check the box if yes)	Purchase of safety item is required (check the box if yes)
<ul style="list-style-type: none"> Alert your child's day care center or babysitter that you will always phone if your child is not going to be there as scheduled. 		
Keep vehicles locked at all times, even in the garage or driveway. Always set your parking brake.		
Do not leave keys and remote openers within reach of children.		
Children should cross streets at cross walks. Teach them street-crossing safety.		
Children should hold hands with or be carried by an adult in a parking lot or other places where cars are moving and drivers might not see a child walking.		
Indoor Safety		
Kitchen Safety		
<p>To reduce the risk of burns</p> <ul style="list-style-type: none"> Keep hot liquids, foods, and cooking utensils out of a child's reach. Place hot liquids and food away from the edge of the table. Cook on back burners when possible. Turn pot handles toward the center of the stove (away from the front and edges of the stove). Avoid using tablecloths and placemats that can be pulled, spilling hot liquids or food. Keep high chairs and stools away from the stove. Do not keep snacks near the stove. Do not hold a child or infant while cooking or carrying hot foods or liquids. 		
Keep knives and other sharp objects out of a child's reach.		
Bathroom Safety		
Bathe children in no more than 1 or 2 inches of water. Stay with young children and infants throughout bath time. Do not leave small infants or toddlers in the bathtub in the care of young siblings.		
Use skidproof mats or stickers in the bathtub. Put a cushioned cover over faucets.		
Adjust the maximum temperature of the water heater to 115°F (46.1°C). Test the temperature with a thermometer.		
Keep electrical appliances out of the bathroom or unplugged. Keep them away from water and out of a child's reach. This includes radios, hair dryers, and space heaters.		
Preventing Fire Injury		
<ul style="list-style-type: none"> Family day care should install smoke detectors on each level. Fire drills are required every 3 months. For center day care, the local fire marshal determines the number and placement of smoke detectors. The smoke detectors and fire drills in childcare centers must be in compliance with fire codes at all times. 		
<ul style="list-style-type: none"> Family day care is not required to have carbon monoxide detectors. 		

Action	I follow this safety precaution (check the box if yes)	Purchase of safety item is required (check the box if yes)
<ul style="list-style-type: none"> Center day care facilities are required to have carbon monoxide detectors on each occupied level. 		
Make sure that there are emergency exits from the home, childcare center, classroom, or other areas where children are likely to be present. At least 2 exits are required. Make sure nothing is blocking the exits.		
Develop and practice a fire escape plan.		
<ul style="list-style-type: none"> Make sure that a working 5-pound ABC mounted fire extinguisher is available. This is especially important in areas that have the greatest risk of fire. Some of these areas are the kitchen, furnace room, and near the fireplace. <ul style="list-style-type: none"> Family day care is required to have a working fire extinguisher. For center day care, the local fire marshal determines fire extinguisher requirements. 		
<ul style="list-style-type: none"> Safe space heaters are permitted (except for kerosene and quartz heaters) in family day care facilities. Space heaters are prohibited in center day care and group homes. Refer to the regulations in Section 19a-87b-9 (d)(8) in the Connecticut statutes. 		
Kerosene heaters are prohibited in group homes and childcare centers.		
<ul style="list-style-type: none"> Family day care is not required to have yearly inspections of wood burning stoves and fireplaces. Inspection is required at the time of the application, and a barrier must be in place. Center day care is not permitted to have wood burning stoves and fireplaces. 		
Make sure that electrical cords are not frayed or overloaded. Place out of a child's reach.		
Keep matches and lighters up high, out of children's sight and reach.		
Supervise children if a live candle is in the room. Make sure the candle is out of the child's reach. Blow out all candles when you leave the room or go to bed. Avoid the use of candles in the bedroom and other areas where people may fall asleep.		
Have flashlights and battery-powered lighting to use during a power outage.		
Preventing Electrical Injury		
Install "shock stops" (plastic outlet plugs) or outlet covers on all electrical outlets.		
Make sure cords are not frayed or cracked. Keep cords out of the reach of children.		
Make sure plugs fit properly into the outlets.		
Preventing Falls		
Always keep one hand on an infant sitting or lying on a high surface, such as a changing table. Never leave an infant alone on a changing table, couch, bed, or other furniture.		

Action	I follow this safety precaution (check the box if yes)	Purchase of safety item is required (check the box if yes)
No child is permitted to sleep in a carrier or any other equipment not intended for sleep.		
If the infant is in a carrier, place it on the floor rather than on a table, sofa, or bed.		
Keep halls and stairs lighted to prevent falls.		
Put toddler gates at the top and bottom of stairs.		
Infants and children should use stationary activity centers. Avoid infant walkers because they can lead to injuries.		
Use protective barriers in centers and group homes. All windows used for ventilation must have 16 mesh screening to prevent children falling through an open window.		
Preventing Poisoning		
<ul style="list-style-type: none"> • Store medicines and vitamins in child-resistant containers. • Medications should be kept locked except for emergency medications, which are stored in a location that is inaccessible to children. • Controlled medications must be double-locked. • Cleaning supplies must be stored locked in center day care facilities. In family day care facilities, cleaning supplies do not need to be locked, but they must be stored where they are inaccessible to children. • Store and label all household poisons in their original containers in high, locked cabinets (not under sinks). • Do not store chemicals or poisons in soda bottles. • Store cleaning products away from food. 		
Install safety latches or locks on cabinets that are within a child's reach and contain possible dangerous items.		
Keep purses that contain dangerous items out of a child's reach. Some of these items are vitamins, medicines, cigarettes, and matches. Others are jewelry and calculators. These may have easy-to-swallow button batteries.		
Install a lock or hook-and-eye latch on the door to the basement or garage to keep children from entering those areas. Put a lock at the top of the doorframe.		
Keep plants that may be harmful out of a child's reach. (Many plants are poisonous. Check with your poison control center.)		
Preventing Choking		
Keep all small items (including food items) that can choke a child out of reach. Test toys for size with a toilet paper roll. If the toy can fit inside the roll, it can choke a child.		
Preventing Firearm Injuries		
<ul style="list-style-type: none"> • If firearms are stored in the home, keep them locked. They should be out of a child's sight and reach. Lock and unload each gun before storing it. Store ammunition separate from the firearms. • Firearms are prohibited in center day care facilities. 		



Action	I follow this safety precaution (check the box if yes)	Purchase of safety item is required (check the box if yes)
Other Actions		
Tie up blind and window curtain cords.		
Make sure that toy chests have lightweight lids, no lids, or safe-closing hinges.		
Follow age recommendations on toy labels.		
SIDS Prevention		
Place infants on their backs on a firm mattress to sleep.		
Make sure the crib is safe: <ul style="list-style-type: none"> • The crib mattress should fit snugly, with no more than 2 fingers' width between the mattress and crib railing. • The distance between crib slats should be less than 2¾ inches (so the infant's head won't be caught). • Keep all loose blankets, toys, and other items out of the bed. • Keep hanging crib toys out of reach. 		
Use a crib in good repair. Avoid portable bed rails.		
Check to see if the crib or mattress has been recalled.		
Infants need their own infant beds. The American Academy of Pediatrics does not recommend any bed-sharing arrangements as safe.		
Outdoor Safety		
Playground Safety		
<ul style="list-style-type: none"> • For family day care facilities, make sure playground equipment is assembled and anchored correctly according to the manufacturer's instructions. • For center day care facilities, the playground should have a level, cushioned surface, such as sand or wood chips. For center day care playgrounds, the surface should be equivalent to 8 inches of sand. 		
Remove any broken glass or trash from playground areas.		
Protect children from heat- or cold-related injuries in very hot or cold weather.		
Bikes, Skateboards, and Fireworks Safety		
Make sure your child knows the rules of safe bicycling: <ul style="list-style-type: none"> • Wear a protective helmet. • Use the correct-size bicycle. • Ride on the right side of the road (with traffic). • Use hand signals. • Wear bright or reflective clothing. • Never bicycle in the dark or fog. • Young children riding alone should only bike on sidewalks or paths. 		
Make sure your child is properly protected while roller skating or skateboarding: <ul style="list-style-type: none"> • Wear a helmet and protective pads on the knees and elbows. 		

Action	I follow this safety precaution (check the box if yes)	Purchase of safety item is required (check the box if yes)
<ul style="list-style-type: none"> • Skate only in rinks or parks that are free of traffic. 		
Do not allow children to play with fireworks.		
Sports Safety		
<p>Make sure your child is properly protected while participating in contact sports:</p> <ul style="list-style-type: none"> • Children should have proper instruction and adult supervision. • Children should wear appropriate safety equipment, such as mouth guards and helmets. 		
<p>Before a child starts to play a new organized sport, the parents or caregivers should check with a healthcare provider to</p> <ul style="list-style-type: none"> • Ensure that the child is healthy enough to play the sport • Identify any health issues that might put the child at risk for illness or injury 		
Preventing Bites and Stings		
<p>To reduce the risk of animal bites, teach children the following:</p> <ul style="list-style-type: none"> • How to handle and care for a pet • To avoid unfamiliar animals • To approach dogs calmly and slowly • To check with the owner first before approaching or petting 		
<p>To reduce the risk of insect bites and stings, do the following:</p> <ul style="list-style-type: none"> • Keep children from bothering insects. • You must have a parent's permission to use insect repellents on children. Use an insect repellent that is approved for use on children. • If you know a child has a severe allergy to an insect or bee sting, keep his epinephrine pen close by at all times, especially when the child is outdoors. The epinephrine pen must be accessible to staff but inaccessible to children. • Have children wear light-colored clothing that covers the arms and legs when walking or playing in areas where insects are likely to be. • Keep flowering plants and gardens away from areas where children play. • Put outdoor toys away so spiders and insects can't hide inside them. 		
Preventing Drowning		
Adults must always supervise children while they swim. Never allow a child to swim alone. To determine the appropriate adult-to-child ratios for supervision, refer to the regulations in Connecticut statutes, Section 19a-79-4a (c) (4) (c).		
Closely watch children around any body of water.		
Children should wear life jackets in boats and at other times as needed.		
Pools and nearby properties should be protected from use by unsupervised children.		
Empty and turn over wading pools as soon as children are done using them in family day care. No wading pools are permitted in center day care.		

Action	I follow this safety precaution (check the box if yes)	Purchase of safety item is required (check the box if yes)
Do not leave a child alone around any water. A small child or an infant can drown if she falls in a bucket, toilet, or other container filled with water.		
<p>If you have a home swimming pool, make sure of the following:</p> <ul style="list-style-type: none"> • The pool is totally enclosed with fencing. • Fencing is at least 4 feet high. • All gates are self-closing and self-latching. • All entrances are locked with keyed or combination locks. • There is no direct access (without passing through a locked gate) from the home into the pool area. 		
All adults and older children should learn CPR.		
Preventing Sunburn		
<p>Protect children from sunburns:</p> <ul style="list-style-type: none"> • Keep infants younger than 6 months old out of direct sunlight. • Wear sun-protective clothing, hats, or sunglasses⁹ • The use of sunscreen is permitted only with a parent's permission. <ul style="list-style-type: none"> – For children older than 6 months, use sunscreen made for children. – Put sunscreen on children 30 minutes before they go outside. – Choose a water-resistant or waterproof sunscreen that blocks both UVA and UVB rays and has an SPF of at least 15. – Reapply waterproof sunscreen every 2 hours, especially if children are playing in the water. • Try to stay out of the sun between 10 AM and 4 PM. 		

9. <https://www.cancer.org/healthy/be-safe-in-sun/uv-protection.html>

