

**COMMONWEALTH OF KENTUCKY**  
Cabinet for Health and Family Services  
Department for Community Based Services  
Division of Child Care

6/12/2023  
R. 2/16/2026

The Kentucky Division of Child Care approves the following organizations to provide First Aid (FA) and Cardio Pulmonary Resuscitation (CPR) certification to meet the requirements of 922 KAR 2:090.

Please be advised that **face-to-face** training provided by the organizations listed below is approved to meet licensing and certification requirements. These sessions may include instructional videos which are approved as part of a comprehensive training program. The First Aid and CPR training must also include a demonstration of the trainees' competence to perform CPR and First Aid. Online only training that does not include the demonstration of competency will not satisfy certification requirements of 922 KAR 2:090. Additionally, programs licensed for infant, toddler or preschool-aged children must obtain certification in Infant and Child CPR and Infant and Child First Aid. Programs licensed for school-aged children must obtain certification in Adult CPR and First Aid.

**Please note: This is for “certification” requirements per 922 KAR 2:090. “Training” requirements per 922 KAR 2:120 (rev.6/16/2021) can be met without the practical demonstration of competence. Please refer to your Child Care Aware Health and Safety Coach for additional questions on ‘training’ (922 KAR 2:120) versus ‘certification’ (922 KAR 2:090).**

*\*First Aid courses include recognition of anaphylaxis symptoms and Epi-pen administration to satisfy 922 KAR 2:120 Section 7 (6). See following pages for additional details regarding Epi-pen training/certification.*

- 1. American Red Cross – must contain all required components on the card. “Provisional” or “Online Only” courses will not be accepted for certification.**
  - a. CPR (Pediatric [or Child and Infant] & Adult)
  - b. First Aid
  
- 2. American Heart Association\***
  - a. Heartsaver Pediatric First Aid CPR AED
    - Optional module for Adult CPR AED
  - b. Heartsaver First Aid & Heartsaver CPR AED (2 separate courses can be taken, but must have both to comply with regulation)
    - Optional modules for Child CPR AED and Infant CPR
  - c. Heartsaver First Aid CPR AED
    - Optional modules for Infant CPR and Child CPR AED
  - d. HeartSaver for K-12 Schools
    - Optional modules for Infant CPR and Child CPR AED
  
- 3. National Safety Council\***
  - a. NSC First Aid, CPR and AED
    - Does not include Pediatric (Child/Infant) Certification
  - b. NSC Pediatric First Aid, CPR and AED
    - Does not include Adult Certification

#### 4. Health and Safety Institute (HSI)\*

- a. CPR AED & First Aid (Adult or Pediatric)
  - Option for Adult, Child & Infant (and combinations of groups)
- b. CPR AED only (Adult or Pediatric)
  - Option for Adult, Child & Infant (and combinations of groups)
- c. First Aid only (Adult or Pediatric)
  - Option for Adult, Child & Infant (and combinations of groups)

*The Cabinet for Health and Family Services reserves the right to make additions and/or revisions as deemed appropriate.*

#### **Guidance Surrounding Epi-Pens, Epi-Pen Training, and technical assistance.**

##### Background and regulatory information:

*We have had recent questions around if the CPR and First Aid training (included in Orientation or listed as "Non-Certified CPR and First Aid Training" listed on ECE-TRIS), fulfill the requirement in regulation for epi-pen training listed below. Additionally, does the "certification" of someone in CPR and First Aid through our approved list, count as training for epi-pen administration; or is a separate training required? Lastly, if it does NOT count, what trainings can/do count to fulfill the requirement of having an epi-pen on site, and does it count for licensing clock hours?*

Regulation: Child-care center health and safety standards: [922 KAR 2:120](#)

Section 7. First Aid and Medicine. Subsection 6 (3):

3. An epinephrine auto-injector. A licensed child-care center shall comply with KRS 199.8951 and 311.646, including:

- a. An epinephrine auto-injector shall be inaccessible to a child;
- b. A child-care center shall have at least one (1) person onsite who has received training on the administration of an epinephrine auto-injector if the child-care center maintains an epinephrine auto-injector;
- c. A child-care center shall seek emergency medical care for a child if an auto-injector is administered to the child; and
- d. A child-care center shall report to the child's parent and the cabinet in accordance with 922 KAR 2:090, Section 13(1)(b), if an epinephrine auto-injector is administered to a child; or

Statute: Prescription injectable epinephrine auto-injectors and bronchodilator rescue inhalers.: [KRS 311.646](#)

(1) A health-care practitioner may prescribe injectable epinephrine devices and bronchodilator rescue inhalers in the name of an authorized entity or to a certified individual for use in accordance with this section.

(2) A pharmacist may dispense injectable epinephrine devices and bronchodilator rescue inhalers pursuant to a prescription issued in the name of an authorized entity or to a certified individual.

(3) The Department for Public Health, the Kentucky Board of Medical Licensure, the Kentucky Board of Nursing, the American Red Cross, or other training programs approved by the Department for Public Health may conduct in-person or on-line training for administering lifesaving treatment to persons believed in good faith to be experiencing severe allergic reactions and asthma symptoms or respiratory distress and issue a certificate of training to persons completing the training. The training shall include instructions for recognizing the symptoms of anaphylaxis and asthma and administering an injectable epinephrine device or a bronchodilator rescue inhaler.

What DRCC will look for (see next page for additional details):

*-Training on a staff's training record for recognizing the symptoms of anaphylaxis and epi-pen administration*

- Certification in First Aid with American Heart Association, National Safety Council or Health and Safety Institute (HSI) on TRIS records
- Certification from a specific epi-pen course (like American Red Cross)
- Documentation in the staff's file of training by a child's medical professional

### **Solution and Response:**

In almost every case, a parent brings an epi-pen to the center for their specific child. The parent will have information provided by their physician on the epi-pen and its required usage. Providers should seek directives from the child's medical doctor or certified professional that prescribed the epi-pen for directions and training on how it should be used. **Specific training from the child's medical professional on epi-pen usage will satisfy the requirement listed in regulation.** Documentation of this training needs to be kept on file to comply with the regulation. It is best practice that at least two (2) people are trained by the medical professional, in the event of absences or overlapping schedules, however regulation only requires one person to be trained on-site. In the event of a licensing visit and the only trained person is off-site, it would result in a deficiency. If this type of training direct from the medical professional is not possible, staff would need to defer to the requirements listed below.

The First Aid portion of training covered in Orientation and the "Non-Certified CPR and First Aid Training" listed for free on ECE-TRIS **do not satisfy** the requirement listed in regulation. However, regulation requires that at least one staff person on site be certified in CPR and First Aid. **If a staff person holds a valid certification in CPR and First Aid, in which the First Aid portion covered recognizing the symptoms of anaphylaxis and asthma and administering an injectable epinephrine device, this training is sufficient to cover epi-pen administration.** (Please note, not all First Aid certifications will cover this. If this is important to you and your program, please select a First Aid certification that covers epi-pen administration from the approved list on ECE-TRIS, like **American Heart Association, National Safety Council, or Health and Safety Institute (HSI)**. Contact your regional Child Care Health Consultant (CCHC) or Health & Safety Coach if you have questions about finding an adequate program for epi-pen administration.) Again, one person must **always** be on site, so it may require multiple staff hold certifications in the event of absences or overlapping schedules.

**Staff, regardless of certification in CPR and First Aid, may also take certification courses specific to recognition of anaphylaxis and epi-pen administration, such as the course offered by the American Red Cross, or with any of the entities listed in the statute above under (3).** The link to the American Red Cross course can be found [here](#). This certification would meet the requirement listed in regulation. Programs may contact their local health department and/or regional Child Care Health Consultant (CCHC) to be guided towards adequate certifications, and possibly be provided certification/training from an approved entity. **Certification should be maintained on file for the staff member. Ensure that all certification/training on epi-pen administration is taught by one of the above-mentioned entities, or by a licensed or certified instructor of the entities listed, to comply with regulation.**

Epi-pen certification as a stand-alone training may count for licensing clock hours if it meets all requirements for approval through ECE-TRIS and DCC. This may mean that pre-approval is required if the training is not already listed in ECE-TRIS. (Please note a meeting/training with a child's medical professional, mentioned above, would NOT count for licensing clock hours. Additionally, the American Red Cross course is only 30 minutes, and does not meet the minimum requirement of being one clock hour for training.)

It is best practice to have most, or all staff certified in epi-pen administration if an epi-pen is on site, to account for scheduling changes, schedule overlaps, staff turnover and as a general best practice. You never know who the closest available staff member to an emergency may be!