



# Ohio

## Guidelines for Pupil Activity Permits & First Aid Program Providers

OFFICE OF EDUCATOR LICENSURE

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# Introduction

Section 3319.303 of the Ohio Revised Code requires the State Board of Education to adopt rules establishing standards and requirements for obtaining a pupil activity permit. The pupil activity permit is necessary for all individuals who wish to direct, supervise or coach a program in Ohio schools involving athletics, routine or regular physical activity, or health and safety considerations, whether it is done on a paid or volunteer basis.

Section 3301-27-01 of the Ohio Administrative Code prescribes standards to assure the competence of individuals to direct, supervise or coach a pupil activity program, as well as the requirements for obtaining a pupil activity permit.

The rule requires applicants for the pupil activity permit to complete the following requirements for both the initial issuance of the permit and subsequent renewals:

- An Ohio Department of Education approved first aid/first response program;
- An Ohio Department of Education Department approved concussion training program;
- A cardiopulmonary resuscitation (CPR) training course;
- The National Federation of State High School Associations (NFHS) Fundamentals of Coaching course (a one-time requirement); and
- The Ohio Department of Health approved sudden cardiac arrest training course (annual requirement).

Applicants for the pupil activity permit also need to have on file with the Ohio Department of Education their BCI and FBI criminal background check reports, completed in accordance with current Ohio law regarding criminal background checks for all individuals issued licenses, certificates or permits by the Department.

Below are links to the administrative rules and statute regarding pupil activity permits.

<http://codes.ohio.gov/oac/3301-27-01v1>

<http://codes.ohio.gov/orc/3319.303>

<http://codes.ohio.gov/orc/3313.5310>

Information about the Fundamentals of Coaching course is available at <http://nfhslearn.com/>.

The Ohio High School Athletic Association's website is <http://www.ohsaa.org/>.

# Section 1: For School Administration

## ***Responsibilities***

It is the responsibility of each city, local, exempted village, joint vocational school district, educational service center or chartered nonpublic school or community school to ensure the competence of individuals to direct, supervise or coach a pupil activity program for which individuals will be employed. These qualifications include:

1. Evidence of good moral character as established in section 3301-20-01 of the Ohio Administrative Code; and
2. Competence to perform the duties of the position, including:
  - a. The ability to work effectively with pupils as documented by recent successful experience as determined by the board of education.
  - b. Knowledge of the activity program as documented by:
    - i. Successful completion of a college or university course on the direction, supervision or coaching of such activity program; OR
    - ii. Successful experience, as determined by the board of education, in such activity program.
  - c. Knowledge of applicable rules and regulations established by the board of education.

## ***Those Affected by the Pupil Activity Rule Include***

Individuals who supervise, direct or coach a pupil activity program involving athletics, routine/regular physical activity, or health and safety considerations as determined by the local board of education are required to meet the requirements of the rule.

**PLEASE NOTE that all coaches, paid or volunteer, shall meet these standards (Administrative Code 3301-27-01) in order to comply with the Ohio High School Athletic Association bylaws.**

## ***Requirements to Coach, Direct or Supervise***

1. Hold and maintain documentation of completion of a currently valid CPR training course.
2. Hold and maintain documentation of completion of the NFHS Fundamentals of Coaching course. This is a one-time requirement.
3. Evidence of successful completion of ONE of the following within the last three years:
  - a. A two-hour first aid training course, as approved by the Department; OR
  - b. A nationally recognized first aid training program that meets the Department's guidelines. Currently approved programs are:
    - i. American Red Cross First Aid Health and Safety for Coaches;
    - ii. American Sport Education Program;
    - iii. NFHS First Aid Health and Safety for Coaches;
  - c. A college or university course on health and safety of participants in a pupil activity program; OR
  - d. Applicants can meet the first aid training requirement by submitting evidence they hold one of the following licenses (license must be current): MD, DO, DC, PA, RN, EMT or ATC.
4. Evidence of completion of one of the following hour-long concussion training courses (valid for three years):
  - a. NFHS Concussion in Sports – What You Need to Know;

- b. National Alliance for Youth Sports Concussion Training; OR
  - c. National Centers for Disease Control and Prevention Heads Up – Concussion in Youth Sports Online Training Program.
5. Evidence of completion of a sudden cardiac arrest training course approved by the Ohio Department of Health. This training must be completed annually.
  6. Applicants are required to have current BCI and FBI background checks on file with the Department.

The applicant will present all verification of training program and course requirements to the local board of education.

PLEASE NOTE that individuals who have had teaching certificates or licenses revoked or whose certificates are under administrative review will not be eligible for the permit.

ADDITIONALLY, program providers will give documentation to individuals verifying completion of the first aid program. However, employment is contingent upon holding the pupil activity permit.

### ***To Renew the Pupil Activity Permit***

Applicants must provide evidence of successful completion of the following renewal requirements to the local board of education and submit an online renewal application and fees to the Department:

1. An approved first aid program, as specified above, completed within three years of the date the Department receives the application;
2. An approved CPR training course, valid at the time the Department receives the application;
3. An approved concussion training program, as specified above, completed within three years of the date the Department receives the application; and
4. The sudden cardiac arrest training course approved by the Ohio Department of Health, completed annually.

NOTE: The Department's Office of Educator Licensure maintains files of both Department approved providers of first aid programs and of persons who complete those approved programs.

## **Section 2: For Pupil Activity First Aid Program Providers**

### ***Purpose***

Completion of a Department approved pupil activity first aid training program, is a means of documenting that an individual has met requirements pursuant to section 3301-27-01 of the Ohio Administrative Code. The curriculum of an approved two-hour pupil activity first aid program is designed to be first aid/first response. The curriculum focuses on knowledge of first aid for a wide variety of coaches, directors or supervisors of pupil activity programs. Providers report to the Department those persons who completed the program requirements. In turn, the Department maintains records of those individuals.

### ***Pupil Activity First Aid Training Program Criteria***

Programs offered to meet the Department's requirements for the pupil activity permit will:

1. Meet the curriculum as specified for the pupil activity first aid training program;
2. Meet the education needs of the intended audience;
3. Have clear goals and learning outcomes;
4. Employ appropriate content, methods and delivery systems; and
5. Have effective learning assessment procedures.

### ***Eligible Providers***

Provider status is contingent upon compliance with the provisions set forth in these guidelines. The Department shall approve a provider of pupil activity first aid programs on an annual basis (July 1 – June 30).

Providers of the pupil activity first aid programs may include, but are not limited to:

1. Professional associations and organizations;
2. Colleges and universities;
3. School districts;
4. For-profit sports medicine centers;
5. Private ATC/LAT;
6. Hospitals and other health service organizations; and
7. State agencies.

## **Definition of Terms**

**ATC:** a nationally recognized athletic trainer certified by the National Athletic Trainers' Association

National Athletic Trainers' Association  
1620 Valwood Parkway, Suite 115  
Carrollton, TX 75006  
[www.nata.org](http://www.nata.org)

**Approval Year:** July 1 – June 30

**Approval Request Form:** a program plan submitted to seek approval from the Department for pupil activity first aid training programs

**IRN Number:** the information retrieval number used as a unique identifier of a school-related entity in Ohio

**LAT:** an athletic trainer licensed by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board  
77 S. High Street; 16<sup>th</sup> Floor  
Columbus, OH 43215-6108  
Phone: (614) 466-3774  
Otpat.ohio.gov

**Physician:** a doctor licensed to practice medicine and prescribe drugs in the state of Ohio, including doctors of medicine (MD) and doctors of osteopathy (DO)

**Provider:** an entity approved to offer first aid programs for one fiscal year (for which approval forms have been submitted)

**Pupil Activity Permit:** a credential issued by the Department to an individual who completes requirements for the pupil activity permit and who submits an application and fees and completes required criminal background checks

**SAFE Account:** an individual sign-in to the Department's website required of providers to enter and maintain their completed class rosters.

**NFHS:** The National Federation of State High School Associations

PO Box 690  
Indianapolis, IN 46206  
(317) 972-6900  
<http://nfhslearn.com/>

**OHSAA:** The Ohio High School Athletic Association

4080 Roselea Place  
Columbus, OH 43214  
(614) 267-2502

## **Content Requirements**

The pupil activity first aid program is two hours in length, exclusive of registration, breaks and meals. Speakers should be selected based on their expertise in the specific, identified topic or component area. ALL TOPICS IN EACH AREA MUST BE COVERED.

## **Topics**

### **Recognizing Signs of Common Injuries/Health Concerns (minimum 90 minutes)**

- Environmental Safety
  - Heat injuries/illness
  - Lightning
  - Cold weather concerns
  - Tornado
  
- Life-Threatening and Non Life-Threatening Injuries
  - Airway obstruction (to be covered more in depth in the additional required CPR training)
  - Respiratory failure (to be covered more in depth in the additional required CPR training)
  - Cardiac arrest (to be covered more in depth in the additional required CPR training)
  - Cranial-cerebral injury
  - Cervical injury
  - Contusions
  - Fractures
  - Sprains
  - Strains
  - Dislocations
  
- Health Concerns
  - Asthma
  - Diabetes
  - Allergic reactions (food, insect, etc.)
  - Skin conditions/infections
  - Contagious and communicable diseases
  - Nutrition and hydration
  - Nutritional supplements
  - Tobacco
  - Recognition of the drug- or alcohol-impaired athlete

### **Emergency Planning (minimum 20 minutes)**

- Know where the nearest telephone is when traveling to a new facility:
  - Determine how to access a “landline” in the event cellular service is not available.
  - Determine if a key is required to access the location of the “land line.”
  
- Determine whom to assign to call EMS/911 in an emergency.
  
- Procedures for calling 911:
  - Clearly explain who you are and where you are.

- Explain what has happened.
  - Give directions.
  - Provide phone numbers, if available.
  - Stay on the line/meet EMS.
- Prepare a list of necessary phone numbers to carry (team physician, athletic trainer, nearby emergency room, ambulance company, EMT/paramedics).
  - Student athlete emergency medical cards:
    - Are all current emergency contact cards for athletes on file?
    - Where are they stored, and how are they accessed?
    - Who is responsible for them, and who is the responsible party's back up?
  - Issues regarding communication with the affected athlete's family:
    - Who contacts the family and when?
    - Release of an injured student to a family member vs. calling EMS.
  - Know the location of the nearest automated external defibrillator (AED).

**R.I.C.E. Method (minimum 10 minutes)**

- Rest
- Ice
- Compression
- Elevation

NOTE: The minimum time involvement of a physician, Ohio licensed ATC and/or Ohio licensed EMT is 60 minutes. Time segments must meet minimum mandates. Increase the time of each section to provide broader coverage of the topic, if necessary.

## ***Ohio Department of Education Approved Pupil Activity First Aid Training Seminar Procedural Requirements***

### **Step 1 – Application to Serve as a Provider of a Pupil Activity First Aid Training Seminar**

Providers must submit applications annually on a fiscal year basis (July 1 – June 30). Information provided on the application helps the Department determine if providers are meeting the criteria set forth in Ohio Revised Code and Ohio Administrative Code. When completing the application, agencies must establish evidence that they are experienced providers of first aid programs.

Providers approved to offer first aid programs will receive an approval email that will include their assigned provider number for that fiscal year. Upon receipt of this provider notification, the provider will have the authority to submit program approval request forms to the Department.

An annual fee of \$25 must accompany the application. A check or money order must be made payable to Treasurer, State of Ohio.

A SAFE account is required to become a pupil activity provider. Please visit this website to sign up for a SAFE account: <https://safe.ode.state.oh.us/portal/>.

### **Step 2 – Submission of Program Approval Request Form**

Providers are approved to offer programs for one fiscal year and must submit an approval request form for each date or series of dates a seminar is scheduled. Program dates may be added any time throughout the year. Providers must submit the approval request form and the forms listed below four weeks before the date of the first program.

- Approval Request Form:
  - Part 1 – Identifying Information
  - Part 2 – Reporting Information
  - Part 3 – Program Information
- Curriculum Grid, which includes:
  - Topics
  - Number of minutes allotted
  - Bibliography
  - Teaching strategies
- List of presenters, including credentials (MD, DO, ATC, LAT, RN, EMT)
- Compliance assurances:
  - Program presenters will be from those on file with the Department;
  - One hour of the two-hour program will be conducted by an MD, DO, ATC, LAT, or EMT;
  - Teaching strategies will be as identified;
  - Curriculum will be based on sources indicated; and
  - Program will be publicized as specified on the program request application.

Once approved, providers will receive a verification email and directions on the process to report the names and identifying information of each person who has fulfilled the program requirements.

In addition, providers must give participants documentation of attendance that serves until such time that the Department issues the permit.

### ***Reporting Requirements***

Providers must report participant information to the Department within ten business days of program completion, using reporting procedures specified by the Department.

Please note that those who do not attend the entire program or who in any way fail to comply with seminar standards are ineligible to receive credit for the program.

### ***Evaluation***

The Department may conduct random on-site evaluations of programs as a means to assess individual programs, as well as for evaluation of the function of the provider's education agency as a whole.

### ***Practically Speaking***

- Contact time – is based on a 60-minute hour. Registration, breaks, lunch and business meetings are not included in the tabulation of contact hours.
- **Provider IRN – should be referenced in all communications (written and telephone) and is assigned each fiscal year (July 1 – June 30).**

### ***Provider Responsibilities***

- Submit seminars for approval according to the Department's guidelines.
- Conduct seminars in accordance with guidelines, meeting minimum time frames and incorporating topics as specified.
- Assure that a physician and/or athletic trainer (ATC/LAT and/or EMT) is present for minimum time specified (one hour of the two-hour program).
- Publicize program and register participants.
- Report attendance within ten business days of completion of the program.
- Maintain program participant information for a period of three years.

## Appendix 1.0

### APPLICATION

#### *For Providers of Ohio Department of Education Pupil Activity First Aid/First Response Programs*

Please check one:            Initial            Renewal            Update (PAP Coordinator info only)

#### **PART I. Identifying Information**

_____ Provider Name		_____ Provider IRN (for renewals/corrections only)	
_____ Mailing Address			
_____ City		_____ State	_____ Zip Code
_____ Fiscal year for which you are applying			
_____ Pupil Activity Coordinator		_____ Email	_____ Telephone
_____ Pupil Activity Coordinator DOB		_____ Last 4 digits of Pupil Activity Coordinator SSN	

#### **PART II. Compliance Assurance**

Upon approval of this application, I assure the Ohio Department of Education that the agency of which I am the executive officer will comply with the provisions of section 3301-27-01 of the Ohio Administrative Code.	
_____ Chief Executive Officer, Applicant Agency	_____ Date

#### **Ohio Department of Education Use Only**

_____ Approved Pupil Activity Administrator, Ohio Department of Education	
Approval Period _____ to June 30, _____	
ODE Pupil Activity Provider IRN _____	

## Appendix 2.0

### CURRICULUM GRID

The pupil activity first aid/first response program is a minimum of two (2) hours in length, exclusive of registration, breaks and meals. Speakers should be selected on the basis of their expertise in the specific, identified topic or component area. ALL TOPICS IN EACH AREA MUST BE COVERED.

PLEASE NOTE that the minimum time involvement of a physician, Ohio Licenses Athletic Trainer, and/or Ohio Licensed Emergency Medical Technician is 60 minutes. Time segments must meet minimum mandates. Increase the time of each section to provide broader coverage of the topic, if necessary.

CONTENT	MINIMUM TIME	SOURCE OF CURRICULUM	TEACHING STRATEGY
<p><b>Recognizing signs of common injuries/health concerns</b></p> <p>Environmental Safety</p> <ul style="list-style-type: none"> <li>• <i>Heat injuries/illness</i></li> <li>• <i>Lightning</i></li> <li>• <i>Cold weather concerns</i></li> <li>• <i>Tornado</i></li> </ul> <p>Life threatening and non-life threatening injuries</p> <ul style="list-style-type: none"> <li>• <i>Airway obstruction (to be covered more in depth in the additional required CPR training)</i></li> <li>• <i>Respiratory failure (to be covered more in depth in the additional required CPR training)</i></li> <li>• <i>Cardiac arrest (to be covered more in depth in the additional required CPR training)</i></li> <li>• <i>Cranial-cerebral injury</i></li> <li>• <i>Cervical injury</i></li> <li>• <i>Contusions</i></li> <li>• <i>Fractures</i></li> <li>• <i>Sprains</i></li> <li>• <i>Strains</i></li> <li>• <i>Dislocations</i></li> </ul> <p>Health concerns</p> <ul style="list-style-type: none"> <li>• <i>Asthma</i></li> <li>• <i>Diabetes</i></li> <li>• <i>Allergic reactions (food, insect, etc.)</i></li> <li>• <i>Skin conditions/infections</i></li> <li>• <i>Contagious and communicable diseases</i></li> </ul>	90 minutes		<p>___Lecture</p> <p>___Discussion</p> <p>___Video</p> <p>___Hands-on application</p> <p>___Handouts</p> <p>___Other (please list)</p>

CONTENT	MINIMUM TIME	SOURCE OF CURRICULUM	TEACHING STRATEGY
<p><b>Recognizing signs of common injuries/health concerns (continued)</b></p> <ul style="list-style-type: none"> <li>• <i>Nutrition and hydrations</i></li> <li>• <i>Nutrition supplements</i></li> <li>• <i>Tobacco</i></li> <li>• <i>Recognition of the drug- or alcohol-impaired athlete</i></li> </ul>			
<p><b>Emergency Planning</b></p> <ol style="list-style-type: none"> <li>1. Know where the nearest telephone is when traveling to a new facility. <ul style="list-style-type: none"> <li>• <i>Determine how to access a “land line” in the event cellular service is not available.</i></li> <li>• <i>Determine if a key is required to access the location of the “land line”.</i></li> </ul> </li> <li>2. Determine whom to assign to call EMS/911 in an emergency.</li> <li>3. Procedures for calling 911: <ul style="list-style-type: none"> <li>• <i>Clearly explain who you are and where you are.</i></li> <li>• <i>Explain what has happened.</i></li> <li>• <i>Give directions.</i></li> <li>• <i>Provide phone numbers if available.</i></li> <li>• <i>Stay on the line/meet the EMS.</i></li> </ul> </li> <li>4. Prepare a list of necessary phone numbers to carry (Team Physician, Athletic Trainer, nearby emergency room, ambulance company, EMT/paramedics).</li> <li>5. Student athlete emergency medical cards: <ul style="list-style-type: none"> <li>• <i>Are all current emergency contact cards for athletes on file?</i></li> <li>• <i>Where are they stored, and how are they accessed?</i></li> <li>• <i>Who is responsible for them, and who is their back up?</i></li> </ul> </li> <li>6. Issues regarding communication with the affected athlete’s family: <ul style="list-style-type: none"> <li>• <i>Who contacts the family and at what point?</i></li> <li>• <i>Release of an injured student to a family member vs. calling EMS.</i></li> </ul> </li> <li>7. Where is the location of the nearest automated external defibrillator (AED)?</li> </ol>	20 minutes		<p>___Lecture</p> <p>___Discussion</p> <p>___Video</p> <p>___Hands-on application</p> <p>___Handouts</p> <p>___Other (please list):</p>
<p><b>R.I.C.E. Method</b></p> <ul style="list-style-type: none"> <li>• <i>Rest</i></li> <li>• <i>Ice</i></li> <li>• <i>Compression</i></li> <li>• <i>Elevation</i></li> </ul>	10 minutes		<p>___Lecture</p> <p>___Discussion</p> <p>___Video</p> <p>___Hands-on application</p> <p>___Handouts</p> <p>___Other (please list)</p>



## Appendix 3.1

### Program Presenter Eligibility Information

Describe how the first aid training relates to the applicant agency's mission or purpose:

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Number of years agency has been providing educational programs: \_\_\_\_\_

Document previous experience as a provider of first aid or other educational seminars. List not more than three previous training events including titles, dates and number of participants. Please include three references.

Previous Experience:

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References (name, agency, address, phone):

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To Process:

- Mail completed application to The Ohio Department of Education, Pupil Activity Permit; 25 South Front Street, Mail Stop 504; Columbus, OH 43215.
- Submit the annual application fee of \$25.
- Make check or money order payable to Treasurer, State of Ohio.

## Appendix 4.0

# OHIO DEPARTMENT OF EDUCATION PUPIL ACTIVITY PERMIT

## *Program Provider Compliance Assurances*

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Provider Name

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Provider IRN

Herein assures that the first aid program will be conducted in accordance with documentation in materials submitted. Specifically,

- Programs will be conducted by presenters as submitted. \_\_\_\_\_  
Initials
- One hour of the two-hour program will be conducted by an MD, DO, ATC, LAT, RN, or EMT. \_\_\_\_\_  
Initials
- Curriculum will be adhered to as submitted. \_\_\_\_\_  
Initials
- A variety of teaching strategies will be utilized as submitted. \_\_\_\_\_  
Initials
- Programs will be reported as instructed within 10 business days from completion. \_\_\_\_\_  
Initials

**Failure to comply with these assurances may result in the loss of approved provider status.**

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Authorized Signature

Date

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Title

## Appendix 5.0

# PROGRAM APPROVAL REQUEST FORM

## Pupil Activity First Aid/First Response Program

Ohio Department of Education, Pupil Activity Permit  
25 S. Front St., Mail Stop 504; Columbus, OH 43215

Please check one:      Initial              Update

### **PART I. Identifying Information**

_____		
Provider IRN		
_____		
Provider Agency Name		
_____		
Mailing Address		
_____		
City	State	Zip Code
_____	_____	_____
Pupil Activity Coordinator	Email	Telephone
_____	_____	_____

### **PART II. Program Information**

Program Date/Time	Program Site/City	Open to the Public	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

### **PART III. Update Program Information**

Please list the program numbers that you wish to update.

Program #	Program Date/Time	Program Site/City	Open to the Public	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No