

Subject: Training
Public Safety First Aid and CPR Training Program – Course Content

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. U.S. Department of Transportation, National Highway Traffic Safety Administration “Instructor Lesson Plans” of the Emergency Medical Services Education Standards
 - C. North Coast EMS Policies and Procedures
 - D. California Code of Regulations Title 22. Social Security Division 9. Prehospital Emergency Medical Services Chapter 1.5. First Aid and CPR Standards and Training for Public Safety Personnel

- II. Purpose

To establish a minimum standard for time and content requirements of North Coast EMS approved Public Safety First Aid and Refresher Courses.

 - A. Public Safety First Aid means the recognition of and immediate care for injury or sudden illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.
 - B. Except those whose duties are primarily clerical or administrative, the following regularly employed public safety personnel (lifeguard, firefighter, and peace officer) shall be trained to administer first aid, CPR, and use an AED according to the standards set for.

- III. Minimum Required Course Content for a Public Safety First Aid and CPR Course Content – twenty five (25) Hours:
 - A. Role of Public Safety First Aid provider:
 1. Personal Safety
 2. Scene Size Up
 3. Body Substance Isolation, including removing contaminated gloves
 4. Legal Considerations
 5. Emergency Medical Services (EMS) access
 6. Integration with EMS personnel to include active shooter incident
 7. Minimum equipment and First Aid Kits
 - B. General First Aid Principles
 1. Patient survey and evaluation.
 - a. Primary assessment
 - b. Secondary assessment
 - c. Obtaining a patient history
 2. Shock.
 - a. Signs and symptoms
 - b. Basic treatment of shock
 - c. Importance of maintaining normal body temperature
 3. Bleeding
 - a. Internal bleeding
 - b. Control of bleeding

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- c. Training in the use of hemostatic dressings shall result in competency in the application of hemostatic dressings including the review of basic methods of bleeding control to include but not limited to direct pressure, pressure tourniquets, and hemostatic dressings and wound packing.
- d. Dressings and chest seals
- 4. Trauma and care of injuries:
 - a. Soft tissue injuries and wounds
 - b. Amputations and impaled objects
 - c. Chest and abdominal injuries
 - i. basic treatment for chest wall injuries
 - ii. application of chest seals
 - d. Head, neck and back injuries
 - e. Spinal immobilization and Spinal Motion Restriction
 - f. Musculoskeletal trauma and splinting
 - g. Facial injuries
 - i. objects in the eye
 - ii. chemicals in the eye
 - iii. nose bleeds
 - iv. dental emergencies
- 5. Medical emergencies:
 - a. Pain, severe pressure or discomfort in the chest
 - b. Breathing difficulties, including asthma and COPD
 - c. Allergic reactions and anaphylaxis
 - d. Altered mental status
 - e. Stroke.
 - f. Diabetic emergencies
 - i. administration of Oral Glucose
 - g. Seizures
 - h. Poisoning, including drugs and alcohol.
 - i. assisted naloxone administration and accessing EMS
 - ii. ingested poison
 - iii. inhaled poisoning
 - iv. exposure to chemical, biological, radiological, or nuclear (CBNR) substances
 - recognition of exposure
 - scene safety
 - v. Poison Control System
 - i. Severe abdominal pain
 - j. Obstetrical emergencies
- 6. Care of environmental emergencies:
 - a. Heat emergencies.
 - b. Cold exposure emergencies.
 - c. Drowning

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7. Bites and Stings
 - a. Insect bites and stings
 - b. Animal and Human Bites
 - c. Assisted administration of epinephrine auto-injector
8. Burns
 - a. Thermal Burns
 - b. Chemical Burns
 - c. Electrical Burns
9. Identifying signs and Symptoms of psychological emergencies.
- C. Heart Attack and Sudden Cardiac Arrest
 1. Respiratory and Circulatory Systems
 2. Heart Attack
 3. Sudden Cardiac Arrest and early defibrillation
 4. Chain of Survival
- D. CPR and AED for adults, children and infants following current AHA ECC Guidelines at the Healthcare provider level
 1. Basic Airway management
 - a. A manual airway opening methods including head-tilt chin-lift and jaw thrust
 - b. Suctioning techniques
 2. Rescue Breathing
 - a. Mouth to mouth
 - b. Mouth to mask
 - c. Bag Valve mask (BVM)
 3. Chest Compressions and CPR/AED
 - a. Basic AED operation
 - b. Using the AED
 - c. Troubleshooting and other considerations
 4. Single rescuer CPR/AED on adult, child, and infant
 5. Two Rescuer CPR/AED on adult, child, and infant
 6. Recovery position
- E. Management of foreign body airway obstruction on adults, children, and infants
 1. Conscious patients
 2. Unconscious patients
 3. One and two rescuer CPR for:
 - a. Adults
 - b. Children
 - c. Infants
- F. Patient Movement
 1. Emergency movement of patients
 2. Lifts and carries
 - a. Soft litters
 - b. Manual extractions
- G. Tactical and rescue first aid principles applied to violent circumstances

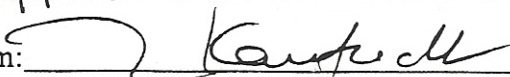
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1. Principles of tactical casualty care
 - a. Determining treatment priorities
- H. EMS System Orientation:
 1. 911 access
 2. Interaction with EMS personnel
 3. Local EMS system structure.
 4. Incident command system structure.
- I. Oxygen Administration
 1. Use of supplemental oxygen by non-rebreather mask or nasal cannula based on EMS protocols.
 2. Assessment and management of patients with respiratory distress.
 3. Profile of Oxygen to include:
 - a. Class
 - b. Mechanism of action
 - c. Indications
 - d. Contraindications
 - e. Dosage and route of administration
 - f. Side/adverse effects
 4. Oxygen delivery systems
 - a. Set up of oxygen delivery including tank opening, use of regulator and liter flow selection
 - b. Percent of relative oxygen delivered by type of mask
 - c. Oxygen delivery for a breathing patient, including non-rebreather mask and nasal cannula.
 - d. Bag Valve Mask and oxygen delivery for a non breathing patient.
 5. Safety precautions
- J. Oropharyngeal/Nasopharyngeal Airways
 1. Anatomy and physiology of the respiratory system
 2. Assessment of the respiratory system
 3. Review of basic airway management techniques
 4. The role of the OPA and NPA airway adjuncts in the sequence of airway control.
 5. Indications and contraindications of OPA's and NPA's.
 6. The role of the pre-oxygenation in preparation for OPA and NPA.
 7. OPA and NPA insertion and assessment of placement.
 8. Methods of prevention of basic skills deterioration.
 9. Alternatives to the OPA and NPA.
- IV. In addition to above training, Optional skills may perform the following optional skills when the public first aid provider has been trained, tested, and working for an approved agency. See each additional policy for training requirements.
 - A. Intra-nasal Narcan for suspected narcotic overdose Policy # 2217.
 - B. Epi-Pen for life threatening Anaphylaxis Policy # 6003.

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- IV. Public Safety First Aid and CPR Retraining requirements
- A. The retraining requirements of this policy shall be satisfied every two years by successful completion of:
1. An approved retraining course which includes a review of the topics and demonstration of skills prescribed in this policy and which consists of no less than eight (8) hours of first aid and CPR including AED; or
 2. By maintaining current and valid licensure or certification as an EMR, EMT, Advanced EMT, Paramedic, Registered Nurse, Physician's Assistant, Physician or by maintaining current and valid EMR, EMT, AEMT, or Paramedic registration from the National Registry of EMTs; or
 3. Successful completion of a competency based on written, and skills pretest of the topics and skills prescribed in this policy with the following restrictions:
 - a. The appropriate retraining be provided on those topics indicated necessary by the pretest, in addition to any new developments in first aid and CPR.
 - b. A final test be provided covering those topics included in the retraining for those persons failing to pass the pretest; and
 - c. The hours for the retraining may be reduced to those hours needed to cover the topics indicated necessary by the pretest.

Approved: 

Approved as to Form: 

Date: 02/2019