

100027.01 Public Safety First Aid and CPR Course Content

(a)

The initial course of instruction shall at a minimum consist of not less than twenty-one (21) hours in first aid and CPR.

(b)

The course of instruction shall include, but need not be limited to, the following scope of courses as described in (c) below, which shall prepare personnel specified in Section 100026.01 of this Chapter to recognize the injury or illness of the individual and render assistance.

(c)

The content of the training course shall include recognition and basic first aid level treatment of at least the following topics and shall be competency based: (1) Role of the public safety first aid provider;(A) Personal safety; (i) Scene size-up. (B) Body substance isolation, including removing contaminated gloves; (C) Legal considerations; (D) Emergency Medical Services (EMS) access; (E) Integration with EMS personnel to include active shooter incidents; (F) Minimum equipment and first aid kits. (2) Heart attack and sudden cardiac arrest;(A) Respiratory and circulatory systems; (B) Heart attack; (C) Sudden cardiac arrest and early defibrillation; (D) Chain of survival. (3) CPR and AED for adults, children, and infants, following current AHA Guidelines for CPR and ECC at the Healthcare provider level;(A) Basic airway management; (B) Rescue breathing; (i)

Mouth-to-mouth; (ii) Mouth-to-mask; (iii) Bag-valve-mask (BVM). (C) Chest compressions and CPR/AED; (i) Basic AED operation; (ii) Using the AED; (iii) Troubleshooting and other considerations. (D) Single rescuer CPR/AED on adult, child and infant; (E) Two rescuer CPR/AED on adult, child and infant; (F) Recovery position. (4) Management of foreign body airway obstruction on adults, children, and infants; (A) Conscious patients; (B) Unconscious patients. (5) Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies; (A) Performing a primary assessment; (B) Performing a secondary assessment; (C) Obtaining a patient history. (6) Medical emergencies; (A) Pain, severe pressure, or discomfort in 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) Alcohol and drug emergencies; (i) Assisted naloxone administration and accessing EMS. (I) Severe abdominal pain; (J) Obstetrical emergencies. (7) Burns; (A) Thermal burns; (B) Chemical burns; (C) Electrical burns. (8) Facial injuries; (A) Objects in the eye; (B) Chemical in the eye; (C) Nosebleed; (D) Dental emergencies. (9) Environmental emergencies; (A) Heat emergencies; (B) Cold emergencies; (C) Drowning. (10) Bites and stings; (A) Insect bites and stings; (B) Animal and human bites; (C) Assisted administration of epinephrine auto-injector and accessing EMS. (11) Poisoning; (A) Ingested poisoning; (B) Inhaled poisoning; (C) Exposure to chemical, biological, radiological, or nuclear (CBRN) substances; (i) Recognition of exposure; (ii) Scene safety. (D) Poison control system. (12) Identify signs and symptoms of psychological emergencies. (13) Patient movement; (A) Emergency movement of patients; (B) Lifts and carries which may include: using soft litters and manual extractions including fore/aft, side-by-side, shoulder/belt. (14)

Tactical and rescue first aid principles applied to violent circumstances; (A) Principles of tactical casualty care; (i) Determining treatment priorities. (15) Orientation to the EMS system, including: (A) 9-1-1 access; (B) Interaction with EMS personnel; (C) Identification of local EMS and trauma systems. (16) Trauma emergencies; (A) Soft tissue injuries and wounds; (B) Amputations and impaled objects; (C) Chest and abdominal injuries; (i) Review of basic treatment for chest wall injuries; (ii) Application of chest seals. (D) Head, neck, or back injury; (E) Spinal immobilization; (F) Musculoskeletal trauma and splinting; (G) Recognition of signs and symptoms of shock; (i) Basic treatment of shock; (ii) Importance of maintaining normal body temperature. (H) Internal bleeding; (I) Control of bleeding, including direct pressure, tourniquet, hemostatic dressings, chest seals and dressings; (i) Training in the use of hemostatic dressings shall result in competency in the application of hemostatic dressings. Included in the training shall be the following topics and skills: 1. Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings and wound packing; 2. Types of hemostatic dressings.

(1)

Role of the public safety first aid provider; (A) Personal safety; (i) Scene size-up. (B) Body substance isolation, including removing contaminated gloves; (C) Legal considerations; (D) Emergency Medical Services (EMS) access; (E) Integration with EMS personnel to include active shooter incidents; (F) Minimum equipment and first aid kits.

(A)

Personal safety; (i) Scene size-up.

(i)

Scene size-up.

(B)

Body substance isolation, including removing contaminated gloves;

(C)

Legal considerations;

(D)

Emergency Medical Services (EMS) access;

(E)

Integration with EMS personnel to include active shooter incidents;

(F)

Minimum equipment and first aid kits.

(2)

Heart attack and sudden cardiac arrest;(A) Respiratory and circulatory systems; (B) Heart attack; (C) Sudden cardiac arrest and early defibrillation; (D) Chain of survival.

(A)

Respiratory and circulatory systems;

(B)

Heart attack;

(C)

Sudden cardiac arrest and early defibrillation;

(D)

Chain of survival.

(3)

CPR and AED for adults, children, and infants, following current AHA Guidelines for CPR and ECC at the Healthcare provider level;(A) Basic airway management; (B) Rescue breathing; (i) Mouth-to-mouth; (ii) Mouth-to-mask; (iii) Bag-valve-mask (BVM). (C) Chest

compressions and CPR/AED; (i) Basic AED operation; (ii) Using the AED; (iii)

Troubleshooting and other considerations. (D) Single rescuer CPR/AED on adult, child and infant; (E) Two rescuer CPR/AED on adult, child and infant; (F) Recovery position.

(A)

Basic airway management;

(B)

Rescue breathing; (i) Mouth-to-mouth; (ii) Mouth-to-mask; (iii) Bag-valve-mask (BVM).

(i)

Mouth-to-mouth;

(ii)

Mouth-to-mask;

(iii)

Bag-valve-mask (BVM).

(C)

Chest compressions and CPR/AED; (i) Basic AED operation; (ii) Using the AED; (iii)

Troubleshooting and other considerations.

(i)

Basic AED operation;

(ii)

Using the AED;

(iii)

Troubleshooting and other considerations.

(D)

Single rescuer CPR/AED on adult, child and infant;

(E)

Two rescuer CPR/AED on adult, child and infant;

(F)

Recovery position.

(4)

Management of foreign body airway obstruction on adults, children, and infants; (A) Conscious patients; (B) Unconscious patients.

(A)

Conscious patients;

(B)

Unconscious patients.

(5)

Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies; (A) Performing a primary assessment; (B) Performing a secondary assessment; (C) Obtaining a patient history.

(A)

Performing a primary assessment;

(B)

Performing a secondary assessment;

(C)

Obtaining a patient history.

(6)

Medical emergencies; (A) Pain, severe pressure, or discomfort in 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) Alcohol and drug emergencies; (i) Assisted naloxone administration and accessing EMS. (I) Severe abdominal pain; (J) Obstetrical emergencies.

(A)

Pain, severe pressure, or discomfort in 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.

(i)

Administration of oral glucose.

(G)

Seizures;

(H)

Alcohol and drug emergencies; (i) Assisted naloxone administration and accessing EMS.

(i)

Assisted naloxone administration and accessing EMS.

(I)

Severe abdominal pain;

(J)

Obstetrical emergencies.

(7)

Burns; (A) Thermal burns; (B) Chemical burns; (C) Electrical burns.

(A)

Thermal burns;

(B)

Chemical burns;

(C)

Electrical burns.

(8)

Facial injuries; (A) Objects in the eye; (B) Chemical in the eye; (C) Nosebleed; (D)
Dental emergencies.

(A)

Objects in the eye;

(B)

Chemical in the eye;

(C)

Nosebleed;

(D)

Dental emergencies.

(9)

Environmental emergencies; (A) Heat emergencies; (B) Cold emergencies; (C)
Drowning.

(A)

Heat emergencies;

(B)

Cold emergencies;

(C)

Drowning.

(10)

Bites and stings; (A) Insect bites and stings; (B) Animal and human bites; (C) Assisted administration of epinephrine auto-injector and accessing EMS.

(A)

Insect bites and stings;

(B)

Animal and human bites;

(C)

Assisted administration of epinephrine auto-injector and accessing EMS.

(11)

Poisoning; (A) Ingested poisoning; (B) Inhaled poisoning; (C) Exposure to chemical, biological, radiological, or nuclear (CBRN) substances; (i) Recognition of exposure; (ii) Scene safety. (D) Poison control system.

(A)

Ingested poisoning;

(B)

Inhaled poisoning;

(C)

Exposure to chemical, biological, radiological, or nuclear (CBRN) substances; (i) Recognition of exposure; (ii) Scene safety.

(i)

Recognition of exposure;

(ii)

Scene safety.

(D)

Poison control system.

(12)

Identify signs and symptoms of psychological emergencies.

(13)

Patient movement; (A) Emergency movement of patients; (B) Lifts and carries which may include: using soft litters and manual extractions including fore/aft, side-by-side, shoulder/belt.

(A)

Emergency movement of patients;

(B)

Lifts and carries which may include: using soft litters and manual extractions including fore/aft, side-by-side, shoulder/belt.

(14)

Tactical and rescue first aid principles applied to violent circumstances; (A) Principles of tactical casualty care; (i) Determining treatment priorities.

(A)

Principles of tactical casualty care; (i) Determining treatment priorities.

(i)

Determining treatment priorities.

(15)

Orientation to the EMS system, including: (A) 9-1-1 access; (B) Interaction with EMS personnel; (C) Identification of local EMS and trauma systems.

(A)

9-1-1 access;

(B)

Interaction with EMS personnel;

(C)

Identification of local EMS and trauma systems.

(16)

Trauma emergencies;(A) Soft tissue injuries and wounds; (B) Amputations and impaled objects; (C) Chest and abdominal injuries;(i) Review of basic treatment for chest wall injuries; (ii) Application of chest seals. (D) Head, neck, or back injury; (E) Spinal immobilization; (F) Musculoskeletal trauma and splinting; (G) Recognition of signs and symptoms of shock;(i) Basic treatment of shock; (ii) Importance of maintaining normal body temperature. (H) Internal bleeding; (I) Control of bleeding, including direct pressure, tourniquet, hemostatic dressings, chest seals and dressings; (i) Training in the use of hemostatic dressings shall result in competency in the application of hemostatic dressings. Included in the training shall be the following topics and skills: 1. Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings and wound packing; 2. Types of hemostatic dressings.

(A)

Soft tissue injuries and wounds;

(B)

Amputations and impaled objects;

(C)

Chest and abdominal injuries;(i) Review of basic treatment for chest wall injuries; (ii) Application of chest seals.

(i)

Review of basic treatment for chest wall injuries;

(ii)

Application of chest seals.

(D)

Head, neck, or back injury;

(E)

Spinal immobilization;

(F)

Musculoskeletal trauma and splinting;

(G)

Recognition of signs and symptoms of shock;(i) Basic treatment of shock; (ii) Importance of maintaining normal body temperature.

(i)

Basic treatment of shock;

(ii)

Importance of maintaining normal body temperature.

(H)

Internal bleeding;

(I)

Control of bleeding, including direct pressure, tourniquet, hemostatic dressings, chest seals and dressings; (i) Training in the use of hemostatic dressings shall result in competency in the application of hemostatic dressings. Included in the training shall be the following topics and skills: 1. Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings and wound packing; 2. Types of hemostatic dressings.

(i)

Training in the use of hemostatic dressings shall result in competency in the application of hemostatic dressings. Included in the training shall be the following topics and skills: 1. Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings and wound packing; 2. Types of hemostatic

dressings.

1.

Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings and wound packing;

2.

Types of hemostatic dressings.