

100067.11 Required Course Content

(a)

The content of an EMT course shall meet the objectives contained in the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009), incorporated herein by reference, to result in the EMT being competent in the EMT basic scope of practice specified in Section 100066.02 of this Chapter. The U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009) can be accessed through the U.S. DOT National Highway Traffic Safety Administration at the following website address:
<http://ems.gov/pdf/811077a.pdf>

(b)

Training in the use of hemostatic dressings shall result in the EMT being competent in the use of the dressing. 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 EMSA-approved hemostatic dressings; (2) Review treatment of open chest wall injuries; (3) Types of hemostatic dressings; and (4) Importance of maintaining normal body temperature.

(1)

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

(2)

Review treatment of open chest wall injuries;

(3)

Types of hemostatic dressings; and

(4)

Importance of maintaining normal body temperature.

(c)

Training in the administration of naloxone or other opioid antagonist shall result in the EMT being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose and shall include the following topics and skills: (1) Common causative agents. (2) Assessment findings. (3) Management to include, but not be limited to: (A) Need for appropriate personal protective equipment and scene safety awareness. (4) Profile of Naloxone to include, but not be limited to: (A) Indications. (B) Contraindications. (C) Side/adverse effects. (D) Routes of administration. (E) Dosages. (F) Mechanisms of drug action. (G) Calculating drug dosages. (H) Medical asepsis. (I) Disposal of contaminated items and sharps. (J) Medication administration.

(1)

Common causative agents.

(2)

Assessment findings.

(3)

Management to include, but not be limited to: (A) Need for appropriate personal protective equipment and scene safety awareness.

(A)

Need for appropriate personal protective equipment and scene safety awareness.

(4)

Profile of Naloxone to include, but not be limited to: (A) Indications. (B) Contraindications. (C) Side/adverse effects. (D) Routes of administration. (E) Dosages. (F) Mechanisms of drug action. (G) Calculating drug dosages. (H) Medical asepsis. (I) Disposal of contaminated items and sharps. (J) Medication administration.

(A)

Indications.

(B)

Contraindications.

(C)

Side/adverse effects.

(D)

Routes of administration.

(E)

Dosages.

(F)

Mechanisms of drug action.

(G)

Calculating drug dosages.

(H)

Medical asepsis.

(I)

Disposal of contaminated items and sharps.

(J)

Medication administration.

(d)

Training in the administration of epinephrine for suspected anaphylaxis and/or severe asthma shall result in the EMT being competent in the use and administration of epinephrine by auto-injector and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training shall be the following topics and skills: (1) Common causative agents. (2) Assessment findings. (3) Management to include, but not be limited to: (A) Need for appropriate personal protective equipment and scene safety awareness. (4) Profile of epinephrine to include, but not be limited to: (A) Indications (B) Contraindications. (C) Side/adverse effects. (D) Mechanisms of drug action. (5) Administration by auto-injector. (6) Medical asepsis. (7) Disposal of contaminated items and sharps.

(1)

Common causative agents.

(2)

Assessment findings.

(3)

Management to include, but not be limited to: (A) Need for appropriate personal protective equipment and scene safety awareness.

(A)

Need for appropriate personal protective equipment and scene safety awareness.

(4)

Profile of epinephrine to include, but not be limited to: (A) Indications (B) Contraindications. (C) Side/adverse effects. (D) Mechanisms of drug action.

(A)

Indications

(B)

Contraindications.

(C)

Side/adverse effects.

(D)

Mechanisms of drug action.

(5)

Administration by auto-injector.

(6)

Medical asepsis.

(7)

Disposal of contaminated items and sharps.

(e)

Training in the use of finger stick blood glucose testing shall result in the EMT being competent in the use of a glucometer and managing a patient with a diabetic emergency. Included in the training shall be the following topics and skills: (1) Blood glucose determination. (A) Assess blood glucose level. (B) Indications. 1. Decreased level of consciousness in the suspected diabetic. 2. Decreased level of consciousness of unknown origin. (C) Procedure for use of finger stick blood glucometer. 1. Medical asepsis. 2. Refer to manufacturer's instructions for device being used. (D) Disposal of sharps. (E) Limitations. 1. Lack of calibration. (F) Interpretation of results. (G) Patient assessment. (H) Managing a patient before and after finger stick glucose testing.

(1)

Blood glucose determination. (A) Assess blood glucose level. (B) Indications. 1. Decreased level of consciousness in the suspected diabetic. 2. Decreased level of consciousness of unknown origin. (C) Procedure for use of finger stick blood

glucometer.1. Medical asepsis. 2. Refer to manufacturer's instructions for device being used. (D) Disposal of sharps. (E) Limitations. 1. Lack of calibration. (F) Interpretation of results. (G) Patient assessment. (H) Managing a patient before and after finger stick glucose testing.

(A)

Assess blood glucose level.

(B)

Indications. 1. Decreased level of consciousness in the suspected diabetic. 2. Decreased level of consciousness of unknown origin.

1.

Decreased level of consciousness in the suspected diabetic.

2.

Decreased level of consciousness of unknown origin.

(C)

Procedure for use of finger stick blood glucometer.1. Medical asepsis. 2. Refer to manufacturer's instructions for device being used.

1.

Medical asepsis.

2.

Refer to manufacturer's instructions for device being used.

(D)

Disposal of sharps.

(E)

Limitations. 1. Lack of calibration.

1.

Lack of calibration.

(F)

Interpretation of results.

(G)

Patient assessment.

(H)

Managing a patient before and after finger stick glucose testing.

(f)

In addition to the above, the content of the training course shall include a minimum of four (4) hours of tactical casualty care (TCC) principles applied to violent circumstances with at least the following topics and skills, and shall be competency based:

(1) History and Background of Tactical Casualty Care: (A) Demonstrate knowledge of tactical casualty care. 1. History of active shooter and domestic terrorism incidents. 2. Define roles and responsibilities of first responders including Law Enforcement, Fire and EMS. 3. Review of local active shooter policies. 4. Scope of practice and authorized skills and procedures by level of training, certification, and licensure zone. (2) Terminology and definitions. (A) Demonstrate knowledge of terminology. 1. Hot zone/warm zone/cold zone. 2. Casualty collection point. 3. Rescue task force. 4. Cover/concealment. (3) Coordination Command and Control. (A) Demonstrate knowledge of Incident Command and how agencies are integrated into tactical operations. 1. Demonstrate knowledge of team command, control and communication. a. Incident Command System (ICS) /National Incident Management System (NIMS) b. Mutual Aid considerations. c. Unified Command. d. Communications, including radio interoperability. e. Command post. i. Staging areas. ii. Ingress/egress. iii. Managing priorities. (4) Tactical and Rescue Operations. (A) Demonstrate knowledge of tactical and rescue operations. 1. Tactical Operations -- Law

Enforcement. a. The priority is to mitigate the threat. b. Contact Team. c. Rescue Team. 2. Rescue Operations -- Law Enforcement/EMS/Fire. a. The priority is to provide life-saving interventions to injured parties. b. Formation of Rescue Task Force (RTF). c. Casualty collection points. (5) Basic Tactical Casualty Care and Evacuation. (A) Demonstrate appropriate casualty care at your scope of practice and certification. 1. Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit. a. Understand the priorities of Tactical Casualty Care as applied by zone. (B) Demonstrate competency through practical testing of the following medical treatment skills: 1. Bleeding control. a. Apply Tourniquet. i. Self-Application. ii. Application on others. b. Apply Direct Pressure. c. Apply Pressure Dressing. d. Apply Hemostatic Dressing with Wound Packing, utilizing California EMSA-approved products. 2. Airway and Respiratory management. a. Perform Chin Lift/Jaw Thrust Maneuver. b. Recovery position. c. Position of comfort. d. Airway adjuncts. 3. Chest/torso wounds. a. Apply Chest Seals vented preferred. (C) Demonstrate competency in patient movement and evacuation. 1. Drags and lifts. 2. Carries. (D) Demonstrate knowledge of local multi-casualty/mass casualty incident protocols. 1. Triage procedures (START or SALT). 2. CCP -- Triage, Treatment and Transport. (6) Threat Assessment. (A) Demonstrate knowledge in threat assessment. 1. Understand and demonstrate knowledge of situational awareness. a. Pre-assessment of community risks and threats. b. Pre-incident planning and coordination c. Medical resources available.

(1)

History and Background of Tactical Casualty Care: (A) Demonstrate knowledge of tactical casualty care. 1. History of active shooter and domestic terrorism incidents. 2. Define roles and responsibilities of first responders including Law Enforcement, Fire and EMS. 3. Review of local active shooter policies. 4. Scope of practice and

authorized skills and procedures by level of training, certification, and licensure zone.

(A)

Demonstrate knowledge of tactical casualty care. 1. History of active shooter and domestic terrorism incidents. 2. Define roles and responsibilities of first responders including Law Enforcement, Fire and EMS. 3. Review of local active shooter policies. 4. Scope of practice and authorized skills and procedures by level of training, certification, and licensure zone.

1.

History of active shooter and domestic terrorism incidents.

2.

Define roles and responsibilities of first responders including Law Enforcement, Fire and EMS.

3.

Review of local active shooter policies.

4.

Scope of practice and authorized skills and procedures by level of training, certification, and licensure zone.

(2)

Terminology and definitions. (A) Demonstrate knowledge of terminology. 1. Hot zone/warm zone/cold zone. 2. Casualty collection point. 3. Rescue task force. 4. Cover/concealment.

(A)

Demonstrate knowledge of terminology. 1. Hot zone/warm zone/cold zone. 2. Casualty collection point. 3. Rescue task force. 4. Cover/concealment.

1.

Hot zone/warm zone/cold zone.

2.

Casualty collection point.

3.

Rescue task force.

4.

Cover/concealment.

(3)

Coordination Command and Control. (A) Demonstrate knowledge of Incident Command and how agencies are integrated into tactical operations. 1. Demonstrate knowledge of team command, control and communication.a. Incident Command System (ICS) /National Incident Management System (NIMS) b. Mutual Aid considerations. c. Unified Command. d. Communications, including radio interoperability. e. Command post. i. Staging areas. ii. Ingress/egress. iii. Managing priorities.

(A)

Demonstrate knowledge of Incident Command and how agencies are integrated into tactical operations. 1. Demonstrate knowledge of team command, control and communication.a. Incident Command System (ICS) /National Incident Management System (NIMS) b. Mutual Aid considerations. c. Unified Command. d. Communications, including radio interoperability. e. Command post. i. Staging areas. ii. Ingress/egress. iii. Managing priorities.

1.

Demonstrate knowledge of team command, control and communication.a. Incident Command System (ICS) /National Incident Management System (NIMS) b. Mutual Aid considerations. c. Unified Command. d. Communications, including radio interoperability. e. Command post. i. Staging areas. ii. Ingress/egress. iii. Managing priorities.

a.

Incident Command System (ICS) /National Incident Management System (NIMS)

b.

Mutual Aid considerations.

c.

Unified Command.

d.

Communications, including radio interoperability.

e.

Command post. i. Staging areas. ii. Ingress/egress. iii. Managing priorities.

i.

Staging areas.

ii.

Ingress/egress.

iii.

Managing priorities.

(4)

Tactical and Rescue Operations. (A) Demonstrate knowledge of tactical and rescue operations. 1. Tactical Operations -- Law Enforcement. a. The priority is to mitigate the threat. b. Contact Team. c. Rescue Team. 2. Rescue Operations -- Law Enforcement/EMS/Fire. a. The priority is to provide life-saving interventions to injured parties. b. Formation of Rescue Task Force (RTF). c. Casualty collection points.

(A)

Demonstrate knowledge of tactical and rescue operations. 1. Tactical Operations -- Law Enforcement. a. The priority is to mitigate the threat. b. Contact Team. c. Rescue Team. 2. Rescue Operations -- Law Enforcement/EMS/Fire. a. The priority is to provide life-saving interventions to injured parties. b. Formation of Rescue Task Force (RTF). c. Casualty collection points.

1.

Tactical Operations -- Law Enforcement. a. The priority is to mitigate the threat. b. Contact Team.

c. Rescue Team.

a.

The priority is to mitigate the threat.

b.

Contact Team.

c.

Rescue Team.

2.

Rescue Operations -- Law Enforcement/EMS/Fire.a. The priority is to provide life-saving interventions to injured parties. b. Formation of Rescue Task Force (RTF). c. Casualty collection points.

a.

The priority is to provide life-saving interventions to injured parties.

b.

Formation of Rescue Task Force (RTF).

c.

Casualty collection points.

(5)

Basic Tactical Casualty Care and Evacuation. (A) Demonstrate appropriate casualty care at your scope of practice and certification. 1. Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit. a. Understand the priorities of Tactical Casualty Care as applied by zone. (B) Demonstrate competency through practical testing of the following medical treatment skills: 1. Bleeding control. a. Apply Tourniquet. i. Self-Application. ii. Application on others. b. Apply Direct Pressure. c. Apply Pressure Dressing. d. Apply Hemostatic Dressing with Wound

Packing, utilizing California EMSA-approved products. 2. Airway and Respiratory management. a. Perform Chin Lift/Jaw Thrust Maneuver. b. Recovery position. c. Position of comfort. d. Airway adjuncts. 3. Chest/torso wounds.a. Apply Chest Seals vented preferred. (C) Demonstrate competency in patient movement and evacuation. 1. Drags and lifts. 2. Carries. (D) Demonstrate knowledge of local multi-casualty/mass casualty incident protocols. 1. Triage procedures (START or SALT). 2. CCP -- Triage, Treatment and Transport.

(A)

Demonstrate appropriate casualty care at your scope of practice and certification. 1. Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit. a. Understand the priorities of Tactical Casualty Care as applied by zone.

1.

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a. Understand the priorities of Tactical Casualty Care as applied by zone.

a.

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(B)

Demonstrate competency through practical testing of the following medical treatment skills:

1. Bleeding control. a. Apply Tourniquet. i. Self-Application. ii. Application on others. b. Apply Direct Pressure. c. Apply Pressure Dressing. d. Apply Hemostatic Dressing with Wound Packing, utilizing California EMSA-approved products. 2. Airway and Respiratory management. a. Perform Chin Lift/Jaw Thrust Maneuver. b. Recovery position. c. Position of comfort. d. Airway adjuncts. 3. Chest/torso wounds.a. Apply Chest Seals vented preferred.

1.

Bleeding control. a. Apply Tourniquet. i. Self-Application. ii. Application on others. b. Apply Direct Pressure. c. Apply Pressure Dressing. d. Apply Hemostatic Dressing with Wound Packing, utilizing

California EMSA-approved products.

a.

Apply Tourniquet. i. Self-Application. ii. Application on others.

i.

Self-Application.

ii.

Application on others.

b.

Apply Direct Pressure.

c.

Apply Pressure Dressing.

d.

Apply Hemostatic Dressing with Wound Packing, utilizing California EMSA-approved products.

2.

Airway and Respiratory management. a. Perform Chin Lift/Jaw Thrust Maneuver. b. Recovery position. c. Position of comfort. d. Airway adjuncts.

a.

Perform Chin Lift/Jaw Thrust Maneuver.

b.

Recovery position.

c.

Position of comfort.

d.

Airway adjuncts.

3.

Chest/torso wounds. a. Apply Chest Seals vented preferred.

a.

Apply Chest Seals vented preferred.

(C)

Demonstrate competency in patient movement and evacuation. 1. Drags and lifts. 2. Carries.

1.

Drags and lifts.

2.

Carries.

(D)

Demonstrate knowledge of local multi-casualty/mass casualty incident protocols. 1. Triage procedures (START or SALT). 2. CCP -- Triage, Treatment and Transport.

1.

Triage procedures (START or SALT).

2.

CCP -- Triage, Treatment and Transport.

(6)

Threat Assessment. (A) Demonstrate knowledge in threat assessment. 1. Understand and demonstrate knowledge of situational awareness. a. Pre-assessment of community risks and threats. b. Pre-incident planning and coordination c. Medical resources available.

(A)

Demonstrate knowledge in threat assessment. 1. Understand and demonstrate knowledge of situational awareness. a. Pre-assessment of community risks and threats. b. Pre-incident planning and coordination c. Medical resources available.

1.

Understand and demonstrate knowledge of situational awareness. a. Pre-assessment of community

risks and threats. b. Pre-incident planning and coordination c. Medical resources available.

a.

Pre-assessment of community risks and threats.

b.

Pre-incident planning and coordination

c.

Medical resources available.

(g)

Training programs in operation prior to the effective date of this subsection shall submit evidence of compliance with this Chapter to the appropriate approving authority as specified in Section 100065.04 of this Chapter within twelve (12) months after the effective date of this subsection.