

- I. Introduction / Registration
 - A. Administrative Duties
 - 1. Course roster
 - 2. Course registration
 - B. Course overview
 - 1. Course schedule
 - 2. Course Objectives
 - 3. Instructor Introduction
- II. Role of the public safety first aid provider
 - A. Integration with EMS personnel to include active shooter incidents
 - 1. Establishing defined roles
 - 2. Incident Command System (ICS)
 - 3. Methodologies
 - B. Establishing Zones
 - 1. Hot
 - 2. Warm
 - 3. Cold
 - C. Establishing Casualty Collection Point (CCP)
 - 1. Defendable
 - 2. Centrally located
 - 3. Allows for ingress and egress of emergency personnel
 - D. Integration Models
 - 1. Rescue Task Force
 - 2. Safety Corridor
 - 3. Beach head Model
 - E. Minimum equipment and first aid kits
 - 1. Barrier devices
 - a. Personal Protective Equipment (PPE)
 - b. Face Shield
 - c. Face mask
 - d. Bag Valve Mask Device (BVM)
 - 2. Preventable causes of death equipment
 - a. Tourniquet
 - b. Pressure dressing
 - c. Hemostatic dressings approved in California
 - 1) QuikClot Combat Gauze
 - 2) Hemcon ChitoFlex Pro
 - 3) Celox Gauze
 - 4) Use in accordance with a protocol written and approved by local EMS agency medical director.
 - d. Chest seal
- III. Heart Attack and sudden cardiac arrest to include:
 - A. Sudden cardiac arrest and early defibrillation
 - 1. A Heart Attack occurs when heart muscle tissue dies because its blood supply is severely reduced to stopped.
 - 2. Cardiac Arrest results when the heart stops beating.
 - B. Chain of survival
 - 1. Immediate **recognition** of cardiac arrest and **activation** of the emergency response system

2. Early **cardiopulmonary resuscitation (CPR)** with an emphasis on chest compressions
 3. Rapid **defibrillation**
 4. Effective **advanced life support**
 5. Integrated **post-cardiac arrest care**
- IV. CPR and AED for adults, children, and infants, following current AHA Guidelines
- A. Rescue breathing
 1. Mouth to Mouth
 2. Mouth to Mask
 3. Bag valve mask (BVM)
 - B. Chest compressions and CPR/AED
 1. Basic AED operation
 2. Using the AED
 3. Troubleshooting and other considerations
 - C. Recovery position
 1. Placement of an unresponsive breathing person
 2. Purpose is to obtain, maintain and sustain an airway
- V. Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies
- A. Performing a primary assessment
 1. The purpose of the primary check is to identify life-threatening conditions so that you can immediately take action to treat the conditions.
 2. Determine illness or injury
 3. Determine responsiveness or unresponsiveness
 4. Existence of life-threatening condition
 - B. Performing a secondary assessment
 1. Signs and Symptoms
 2. Physical Exam
 3. Special considerations
 - C. Obtaining a patient history
 1. SAMPLE History
 - a. signs and symptoms
 - b. allergies
 - c. medications
 - d. past medical history
 - e. last oral intake
 - f. event leading to the issue
 2. What to do until medical help is available
- VI. Medical emergencies
- A. Breathing difficulties, including asthma and COPD
 1. Asthma is a chronic lung disease that inflames and narrows the airways.
 2. An asthma attack is when symptoms get more intense and/or additional symptoms appear.
 3. Triggers of asthma
 4. What to look for
 5. What to do
 6. Activate EMS if:
 7. Chronic obstructive pulmonary disease (COPD) is a broad term applied to emphysema, chronic bronchitis, and related lung diseases.

8. Chronic obstructive pulmonary disease is most commonly diagnosed in people older than 60 years.
 9. Chronic bronchitis is caused by chronic infection, which can be brought on by irritations such as tobacco smoke.
 10. Emphysema often occurs with chronic bronchitis.
 11. What to look for
 12. What to do
- B. Allergic reaction and anaphylaxis
1. Indications of allergic reaction may include:
 2. First Aid measures for allergic reaction and anaphylaxis include;
 - a. Assist victim in taking prescribed epinephrine
 - b. Request
 - c. Monitor
 - d. Precautions
 - e. Be prepared
- C. Altered mental status
1. Assessment
 2. Signs and Symptoms
 3. What to do
- D. Diabetic emergencies
1. Types
 2. Signs and Symptoms of hypoglycemia and hyperglycemia
 3. What to do
 4. Administration of oral glucose
- E. Alcohol and drug emergencies
1. Drugs classified according to their effect on the user.
 2. What to look for
 3. What to do
 4. Assisted naloxone administration and accessing EMS
- VII. Facial injuries
- A. Objects in the eye
1. What to look for
 2. What to do
- B. Chemical in the eye
1. Chemicals in the eye can threaten sight
 2. What to do
- C. Nosebleed
1. What to look for
 2. What to do
- D. Dental emergencies
1. Loosened tooth
 2. Toothache
 3. Broken tooth
 4. Knocked-out (avulsed) tooth
 5. Bleeding from mouth
- VIII. Environmental emergencies
- A. Drowning
1. Drowning is the process of experiencing respiratory impairment from submersion/immersion in liquid; this includes all types of liquid except body fluids.
 2. Care for drowning person

3. Check breathing and treat accordingly.
- B. Water rescue
 1. Reach
 2. Throw
 3. Row
 4. Go
- IX. Bites and stings
 - A. Insect bites and stings
 1. Spiders and insect bites
 2. Insect stings
 - B. Animal and human bites
 1. Two concerns result from an animal bite:
 - a. risk of infection
 - b. rabies
 2. Human bite
 - C. Assisted administration of epinephrine auto-injector and accessing EMS
 1. Severe allergic reaction
 2. If the person has his or her own physician-prescribed epinephrine auto-injector, help the person administer it.
 3. If the first dose does not help and EMS arrival will exceed 5–10 min, consider administering a second dose.
- X. Poisoning
 - A. Exposure to chemical, biological, radiological or nuclear (CBRN) substances
 1. Recognition of exposure
 2. Scene safety
 - B. Poison control system
 1. Contact poison control center for treatment advice
 2. National poison control number 1-800-222-1222
- XI. Identify signs and symptoms of psychological emergencies
 - A. Behavior is how a person acts
 1. Abnormal behavior may be caused by a psychological or a physical condition.
 2. Abnormal behavior may reach a level requiring intervention.
 - B. Behavior that leads to violence or other inappropriate activities is known as a behavioral emergency.
 1. Factors that can change a person's behavior
 2. Common reasons for behavioral changes
 3. Psychogenic or psychiatric illness that leads to psychotic thinking, depression, or panic
- XII. Patient movement
 - A. Emergency movement of patients
 1. A victim should be moved only when the victim or officer is in a life threatening situation.
 2. Imminent danger vs unable to assess
 - B. Lifts and carries which may include:
 1. Fore/aft, side by side, shoulder/belt
 2. Using soft litters
 3. Manual extraction
 - a. Requires at least two rescuers
 - b. Considerations
 - c. Techniques

- XIII. Tactical and rescue first aid principles applied to violent circumstances
 - A.Principles of tactical casualty care
 - 1. Tactical Combat Casualty Care
 - 2. Tactical Emergency Casualty Care
 - B.Determining treatment priorities
 - 1. Start Triage
 - 2. Sort, Assess. Lifesaving interventions, Treatment/Transport (SALT)
 - 3. Tactical Triage
- XIV. Orientation to the EMS system, including
 - A.9-1-1 access
 - 1. Request for Resources
 - 2. Components of the EMS System include;
 - B.Interaction with EMS personnel
 - 1. Information sharing
 - 2. Providing assistance
 - 3. Team work
 - C.Identification of local EMS and trauma systems
 - 1. Providing information
 - 2. Facilities designation
- XV. Trauma emergencies
 - A.Soft tissue injuries and wounds
 - 1. Open wounds
 - 2. Closed wounds
 - B.Amputations and impaled objects
 - 1. Amputations and evulsions
 - a. Direct pressure
 - b. Pressure dressing
 - c. tourniquet
 - 2. Impaled (embedded) objects
 - a. Request additional EMS resources
 - b. Do not move or remove object
 - c. Control bleeding if necessary
 - d. Immobilize object
 - e. Treat for shock
 - f. Reassure victim
 - g. Continue to monitor the victim
 - C.Chest and abdominal injuries
 - 1. Review of basic treatment for chest wall injuries
 - 2. Application of chest seals
 - D.Head, neck or back injury
 - 1. Scalp wounds – First aid
 - a. Request additional EMS resources
 - b. Control bleeding if necessary
 - c. Be alert for the presence of cerebrospinal fluid in ears or nose. If present, bandage loosely so as not to restrict the flow
 - d. Do not apply direct pressure to any head/skull deformity
 - e. Be prepared for sudden and forceful projectile vomiting
 - f. Treat for shock
 - g. Do not elevate the victim's legs
 - h. Reassure the victim

- i. Continue to monitor victim
 2. Skull fracture – First aid
 - a. Request additional EMS resources
 - b. Control bleeding if necessary
 - c. Be alert for the presence of cerebrospinal fluid in ears or nose. If present, bandage loosely so as not to restrict the flow
 - d. Do not apply direct pressure to any head/skull deformity
 - e. Be prepared for sudden and forceful projectile vomiting
 - f. Treat for shock
 - g. Do not elevate the victim's legs
 - h. Reassure the victim
 - i. Continue to monitor victim
 3. Traumatic brain injury – First aid
 - a. Request additional EMS resources
 - b. Control bleeding if necessary
 - c. Be alert for the presence of cerebrospinal fluid in ears or nose. If present, bandage loosely so as not to restrict the flow
 - d. Do not apply direct pressure to any head/skull deformity
 - e. Be prepared for sudden and forceful projectile vomiting
 - f. Treat for shock
 - g. Do not elevate the victim's legs
 - h. Reassure the victim
 - i. Continue to monitor victim
 4. Spinal injury – First aid
 - a. Request additional EMS resources
 - b. Control bleeding if necessary
 - c. Be alert for the presence of cerebrospinal fluid in ears or nose. If present, bandage loosely so as not to restrict the flow
 - d. Do not apply direct pressure to any head/skull deformity
 - e. Be prepared for sudden and forceful projectile vomiting
 - f. Treat for shock
 - g. Do not elevate the victim's legs
 - h. Reassure the victim
 - i. Continue to monitor victim
- E. Spinal immobilization
 1. When spinal injury is suspected;
 2. Do not attempt to move person
 3. Apply manual stabilization
- F. Musculoskeletal trauma and splinting
 1. Types of trauma
 2. Deformities, Open wounds, Tenderness & pain, swelling (DOTS)
 3. Rest, Ice, Compress, Elevate (RICE)
 4. Types of splints
 5. Splinting guidelines
- G. Internal bleeding
 1. What to look for
 2. What to do
- H. Control of bleeding, including direct pressure, tourniquet, hemostatic dressings, chest seals and dressings
 1. Basic methods of bleeding control:

- a. Direct pressure
 - b. Pressure bandages
 - c. Tourniquets
 - d. Hemostatic dressing and wound packing
 - 2. Types of hemostatic dressings
 - a. Combat Gauze
 - b. Celox
 - c. Hemcon
 - 3. Skills Demonstration
- XVI. Legal Issues
- A. First Aid and the Law
 - 1. First Aid provider
 - 2. Consent
 - 3. Negligence
 - 4. Confidentiality
 - B. Good Samaritan laws
 - 1. California/SB911
 - 2. Protects the rescuer
 - 3. Does not protect when one exceeds their scope of training
- XVII. Safety protocols
- A. Body Substance isolation
 - 1. Handwashing
 - 2. Personal protective equipment
 - B. N 95 Respirator
 - 1. Fit Test
 - 2. Use of Respirator
 - 3. Law pertaining to having a respirator
 - C. Injury prevention
 - 1. Three E's
 - a. Education
 - b. Enforcement
 - c. Engineering
 - 2. The Haddon Matrix
 - a. Strategy for identifying intervention that can be applied to any type of illness or injury.
 - 1) Pre-event
 - 2) Event
 - 3) Post-event
- XVIII. Written, oral and/or demonstration assessment (in each topic area)
- A. Pre-Test
 - 1. Multiple Choice
 - 2. 80% passing
 - B. Demonstration of technical skills competency
 - 1. Each Student must demonstrate competency in the following skills
 - 2. Remediation
 - C. Final Exam
 - 1. Multiple Choice
 - 2. 80% passing
 - D. Course Evaluations