

Elk Grove Police Department First Aid/CPR Refresher

- I. Introduction and Registration
- II. Role of the public safety first aid provider
 - A. Personal Safety
 - B. Body Substance isolation, including removing gloves
 - C. Integration with EMS personnel to include active shooter incidents
 - 1. EMS roles and responsibilities
 - 2. EMS response
 - D. Mass Casualty Responsibilities
 - E. Minimum personal equipment and first aid kits
 - F. Minimum equipment and first aid kits
 - 1. IFAK
 - 2. Bandaging / tourniquets / clotting agents
 - 3. CPR pocket mask / barrier device
 - 4. PPE / Gloves, mask, goggles
 - G. Assessment
- III. Heart Attack and sudden cardiac arrest
 - A. Sudden cardiac arrest and early defibrillation
 - B. Chain of survival
 - 1. Early access to EMS
 - 2. Early CPR
 - 3. Early AED
 - 4. Early ACLS
- IV. CPR and AED for adults, children, and infants, following current AHA Guidelines
 - A. Basic Airway Management
 - B. Rescue breathing
 - 1. Mouth-to-Mouth
 - 2. Mouth-to-Mask
 - 3. Bag-valve-mask (BVM)
 - C. Chest compressions and CPR/AED
 - 1. Basic AED operation
 - 2. Using the AED
 - 3. 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
 - 1. What the recovery position is used for (when to use it)
 - G. Assessment
- V. Management of foreign body airway obstruction
 - A. Adults, children, and infants

- B. Conscious patients
- C. Unconscious patients
- D. Assessment

VI. Recognition and identification for both medical and traumatic emergencies

- A. Adult and Pediatric Patients
- B. Performing a primary assessment
 - 1. Circulation / Airway / Breathing
- C. Performing a secondary assessment
 - 1. Head to Toe
- D. Obtaining a patient history
 - 1. SAMPLE

VII. Medical emergencies

- A. Pain, severe pressure or discomfort in chest
- B. Breathing difficulties, including asthma and COPD
 - 1. Inhalers / Albuterol
- C. Allergic reaction and anaphylaxis
 - 1. Common Causes of Allergic reactions
 - 2. Assigned administration of epinephrine auto-injector
- D. Altered mental status
 - 1. Head injuries /Intoxication
- E. Stroke
 - 1. Early identification and activation of EMS
- F. Diabetic emergencies
 - 1. Administration of oral glucose
- G. Seizures
 - 1. How to treat
- H. Alcohol and drug emergencies
 - 1. Assisted naloxone administration and accessing EMS
- I. Severe abdominal pain
- J. Obstetrical emergencies

VIII. Burns

- A. Identification and treatment
 - 1. First degree
 - 2. Second degree
 - 3. Third degree

IX. Facial injuries

- A. Identification and treatment
- B. Objects in the eye
 - 1. Leave impaled object in place
- C. Chemical in the eye
 - 1. Flush / brush out of eye
- D. Nosebleed
 - 1. Cause / Treatment

- E. Dental emergencies
 - 1. Treat bleeding / secure teeth or dentures

- X. Environmental emergencies
 - A. Heat emergencies
 - 1. Heat exhaustion
 - 2. Heat stroke
 - B. Cold emergencies
 - 1. Hypothermia
 - C. Drowning
 - 1. Remove from water
 - 2. Treat /CPR
 - D. Assessment

- XI. Bites and stings
 - A. Insect bites and stings
 - 1. Types of bites
 - 2. Treatment
 - B. Animal and human bites
 - C. Assisted administration of epinephrine auto-injector and accessing EMS

- XII. Poisoning
 - A. Ingested poisoning
 - B. Inhaled poisoning
 - C. Exposure to chemical, biological, radiological or nuclear (CBRN) substances
 - 1. Recognition of exposure
 - 2. Scene safety
 - D. Poison control system
 - 1. When to use / for what.

- XIII. Identify signs and symptoms of psychological emergencies
 - A. Types
 - B. Patient approach

- XIV. Patient movement
 - A. Emergency movement of patients
 - 1. When to move
 - B. Lifts and carries which may include: using soft litters and manual extraction including fore/aft, side-by-side, shoulder/belt
 - 1. Triage
 - C. Assessment

- XV. Tactical and rescue first aid principles applied to violent circumstances
 - A. Principles of tactical casualty care
 - 1. When to provide care
 - B. Determining treatment priorities

1. Triage

XVI. Orientation to the EMS system

- A. 9-1-1 access
 - 1. Where do calls go
- B. Interaction with EMS personnel
 - 1. What / how they respond
- C. Identification of local EMS and trauma systems
 - 1. Fire / EMS/ Hospitals

XVII. Trauma emergencies

- A. Soft tissue injuries and wounds
 - 1. Bandaging
- B. Amputations and impaled objects
 - 1. Treatment / Leave in place
- 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. Causes and complications
- E. Spinal immobilization
 - 1. How to immobilize
- F. Musculoskeletal trauma and splinting
 - 1. How to apply
- G. Recognition of signs and symptoms of shock
 - 1. Basic treatment of shock
 - 2. Importance of maintaining normal body temperature
- H. Internal bleeding
 - 1. Treatment / signs
- I. Control of bleeding, including direct pressure, tourniquet, hemostatic dressings, chest seals and dressings
 - 1. Training in the use of hemostatic dressing shall result in competency in the application of hemostatic dressing. Included in the training shall be the following topics and skills:
 - a. Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressing and wound packing
 - b. EMSA – approved hemostatic dressings
- J. Assessment

XVIII. Legal issues

- A. Authorized skills and liability limitations
- B. Consent
 - 1. Implied v actual
- C. Duty to act
- D. Good faith

- E. Standard of Care
- F. Negligence

XIX. Safety protocols

- A. PPE (Body Substance Isolation)
 - 1. Gloves
 - 2. Eye protection
 - 3. Barrier device
- B. Procedures
 - 1. Practice as you will perform
 - 2. Wear your PPE
 - 3. Do's / Don't's
- C. Assessment