

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

Statement of Purpose: The students will review the concepts of Basic Life Support and First Aid principles and procedures and how to integrate these skills into law enforcement operations. Upon completion of this course, students will have a basic understanding of emergency medical procedures. Students will understand and be capable of demonstrating basic first aid and emergency medical care.

- I. Role of the public safety first aid provider
 - A. Personal safety
 - 1. Scene size-up
 - 2. Responding
 - 3. Reporting
 - B. Body substance isolation, including removing gloves
 - 1. Blood borne pathogens
 - i. Awareness
 - ii. Precautions
 - A) Cover open wounds
 - iii. Reporting
 - 2. Airborne pathogens
 - i. Awareness
 - ii. Precautions
 - A) Respiratory protection
 - iii. reporting
 - 3. Universal precautions
 - i. Gloves
 - ii. Eye protection
 - iii. Masks / gowns
 - 4. Personal Protection Equipment (PPE)
 - i. Decontamination considerations
 - A) Removal of PPE
 - B) Equipment, uniforms and shoes
 - C. Integration with EMS personnel to include active shooter incidents
 - 1. Understanding the needs of EMS responders
 - 2. Unified command
 - 3. Staging
 - D. Mass Casualty Responsibilities
 - 1. Hot, Warm, Cold zones
 - i. Escorting EMS / Rescue Task Force
 - 2. Examples of major incidents with LE and EMS
 - 3. Hartford Consensus
 - i. Surviving mass casualty incidents

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

- E. Minimum personal equipment and first aid kits
 - 1. Penal Code Section 13518.1 (pocket mask)
 - 2. Recommended equipment
 - i. Bleeding and shock control
 - ii. Cardiac and other medical emergencies
 - iii. Personal Protective Equipment (PPE)
 - 3. Trunk of vehicle vs officer carry
 - 4. EMSA Recommendations

II. Heart Attack and sudden cardiac arrest to include:

- A. Sudden cardiac arrest and early defibrillation
 - 1. Heart attack
 - i. Minor to severe
 - ii. Blockage of blood/lack of oxygen
 - iii. Coronary artery disease
 - iv. Signs/Symptoms
 - A) Chest pain
 - B) Radiating pain
 - C) Vital signs
 - D) Mental status
 - v. Treatment
 - A) Position of comfort
 - B) Access EMS
 - 2. Sudden cardiac arrest
 - i. American Heart Association science updates 2015
 - A) Focus on immediate compressions
 - B) Delivery of shock from AED within 3 minutes
- B. Chain of survival
 - 1. Recognition and early activation of EMS
 - 2. Immediate high-quality CPR
 - 3. Rapid defibrillation
 - 4. Basic and advanced EMS
 - 5. Advanced life support and post-arrest care

III. CPR and AED for adults, children, and infants, following current AHA Guidelines

- A. Basic airway management
 - 1. Advanced vs. BLS airway
- B. Rescue breathing
 - 1. Mouth-to-Mouth
 - 2. Mouth-to-Mask
 - 3. Bag-valve-mask (BVM)

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

- 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. Spinal injury considerations
 - 2. Place victim in side-recumbent position with injured side down
 - 3. Keep airway open – prevent asphyxiation
- IV. Management of foreign body airway obstruction on adults, children, and infants
- A. Conscious patients
 - 1. Adults & Children
 - i. Abdominal thrusts vs chest thrusts
 - ii. Prepare for CPR
 - 2. Infants
 - i. Back blows / chest thrusts
 - ii. Prepare for CPR
 - B. Unconscious patients
 - 1. CPR
 - i. Modifications (remove visible items)

Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies

- C. Performing a primary assessment
 - 1. Responsiveness
 - 2. (CAB) Circulation, Airway, Breathing
 - 3. Shock and major bleeding
 - 4. C-Spine considerations
 - D. Performing a secondary assessment
 - 1. Vital signs
 - 2. Head-to-toe check for injuries
 - E. Obtaining a patient history
 - 1. Information about the patient and the incident
- V. Medical emergencies
- A. Pain, severe pressure or discomfort in chest
 - 1. Position of comfort
 - 2. EMD Instructions
 - B. Breathing difficulties, including asthma and COPD
 - 1. Position of comfort
 - 2. EMD Instructions
 - C. Allergic reaction and anaphylaxis
 - 1. Assisted administration of epinephrine auto-injector

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

- i. Assist victim with own medication
 - ii. Administering Epi is EMSA “optional” skill
 - iii. Accessing EMS
- D. Altered mental status
 - 1. Physiological or psychological
 - 2. Officer and patient safety considerations
 - 3. Activation of EMS
- E. Stroke
 - 1. Types (Bleed vs. clot)
 - 2. Activate EMS
 - 3. Transport for treatment
- F. Diabetic emergencies
 - 1. Administration of oral glucose
 - 2. Low blood sugar (hypoglycemia)
 - 3. Officer safety / use of force
 - 4. High blood sugar (hyperglycemia)
- G. Seizures
 - 1. Keep patient safe
 - 2. Remove objects in area
 - 3. Do not insert anything into mouth
- H. Alcohol and drug emergencies
 - 1. Assisted naloxone administration and accessing EMS
 - i. Naloxone
 - A) Counteracts symptoms of opioid overdose
 - B) Breathing problems
 - C) responsiveness
 - D) Administered IM or nasal spray
 - ii. Protocols
 - A) Assist victim with own medication
 - B) Administering naloxone is EMSA “optional” skill
 - C) Looks for signs of overdose
 - iii. Officer safety
 - A) Transdermal exposure (mixed drugs)
 - B) Combative patient
 - C) Sharps and scene hazards
 - iv. Overdose and withdrawal considerations
 - A) Activation of EMS
 - B) Aspiration concerns-recovery position
 - 1) Place victim in side-recumbent position
 - 2) Keep airway open – prevent asphyxiation
 - C) Continue to monitor detainees
- I. Severe abdominal pain
 - 1. Position of comfort
 - 2. EMD Instructions

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

- J. Obstetrical emergencies
 - 1. Recognize appropriate first aid measures for emergency situations that may occur in childbirth:
 - i. Excessive vaginal bleeding
 - A) Sterile pads / pressure
 - ii. Newborn fails to breathe
 - A) Stimulate
 - B) Prepare for CPR

- VI. Burns
 - A. Identification and treatment
 - 1. Thermal
 - 2. Chemical
 - 3. Electrical
 - 4. Radiation

- VII. Facial injuries
 - A. Identification and treatment
 - 1. Protect airway
 - 2. Dental procedures

- VIII. Environmental emergencies
 - A. Heat emergencies
 - 1. Heat cramps
 - i. Indicators
 - A) Painful muscle spasms
 - B) Lightheadedness
 - C) Weakness
 - ii. Treatment
 - A) Remove victim from heat
 - B) Massage cramped muscles
 - C) Provide water in small amounts
 - D) Do not give alcohol or caffeine
 - 2. Heat exhaustion
 - i. Indicators
 - A) Profuse sweating
 - B) Dizziness
 - C) Headache
 - D) Pale, clammy skin
 - E) Rapid pulse
 - F) Weakness
 - G) Nausea, vomiting
 - ii. Treatment
 - A) Remove victim from heat
 - B) Massage cramped muscles

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

- C) Provide water in small amounts
- D) Do not give alcohol or caffeine
- 3. Heat stroke
 - i. Indicators
 - A) Red, hot, dry skin
 - B) Rapid irregular pulse
 - C) Shallow breathing
 - D) Confusion
 - E) Weakness
 - F) Possible seizures or unconsciousness
 - ii. Treatment
 - A) Activate EMS
 - B) Remove from heat
 - C) Loosen clothing
 - D) Cool victim's body rapidly
 - E) Douse with cool water
 - F) Wrap in wet sheet or blanket
 - G) Place ice pack in groin, neck, arm pits
- B. Cold emergencies
 - 1. Mild hypothermia
 - i. Indicators
 - A) Shivering
 - B) Fatigue
 - C) Confusion
 - D) Rapid breathing and pulse
 - ii. Treatment
 - A) Move to warm environment
 - B) Remove wet clothing
 - C) Do not give alcohol or caffeine
 - D) Keep victim moving
 - 2. Severe hypothermia
 - i. Indicators
 - A) Lack of shivering
 - B) Rigid muscles and joints
 - C) Slow, shallow breathing
 - D) Irregular, weak or slow pulse
 - E) Decreased level of consciousness
 - F) Unwilling or unable to do simple activities
 - G) Slurred speech
 - ii. Treatment
 - A) Move to warm environment
 - B) Remove wet clothing
 - C) Do not give alcohol or caffeine
 - D) Monitor vital signs and perform CPR if necessary
 - E) Immobilize and protect frostnip/frostbite
 - F) Wrap each digit individually and loosely

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

G) Re-warm slowly

- IX. Bites and Stings
 - A. Insect Bites and stings
 - 1. Officer safety
 - 2. Usual reactions
 - i. Local swelling
 - ii. Minor pain
 - iii. Itching
 - iv. Allergic reaction
 - v. Itching
 - vi. Burning
 - vii. Hives
 - viii. Swollen lips and tongue
 - ix. Difficulty breathing
 - x. Respiratory failure
 - 3. Treatment
 - i. Remove stinger by scraping
 - ii. Wash with soap
 - iii. Apply ice to reduce swelling and rate of spread
 - iv. Apply heat to marine life stings
 - v. Assist victim in taking epinephrine
 - vi. Monitor for shock
 - vii. Consider activation of EMS
 - B. Animal and human bites
 - 1. Officer safety
 - 2. Criminal considerations
 - 3. Treatment protocols
 - C. Assisted administration of epinephrine auto-injector and accessing EMS
 - 1. Accessing EMS
 - 2. Epinephrine prescriptions
 - i. First and second dosing timeline
 - 3. Legal issues
 - i. Local protocols
- X. Poisoning
 - A. Ingested poisoning
 - 1. Poison control system
 - 2. Coordination with EMS
 - B. Inhaled poisoning
 - 1. Poison control system
 - 2. Coordination with EMS
 - C. Exposure to chemical, biological, radiological or nuclear (CBRN) substances
 - 1. Recognition of exposure
 - 2. Scene safety
 - D. Poison control system

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

1. 24/7 toll free number (800 222-1222)

XI. Patient movement

A. Emergency movement of patients

1. When to move
 - i. Unable to treat
 - ii. Scene unsafe

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

1. Shoulder drag
 - i. Use hands and grasp the victim under the armpits
 - ii. Stabilize the victim's head and neck to reduce the risk of injury
 - iii. Carefully lift the victim, keeping the head and shoulders as close to the ground as possible
 - iv. Drag the victim so that the head, torso, and legs remain in a straight line
 - v. Do not pull sideways
 - vi. Gently place the victim in the new location
 - vii. Assess the victim's condition

2. Movement

- i. Commercial / improvised soft litters
- ii. Goals
- iii. Life-saving

XII. Tactical and rescue first aid principles applied to violent circumstances

A. Principles of tactical casualty care

1. Mindset- Officer stays engaged
2. Voice commands
 - i. Directions to officers / victims
3. Take cover. Get off the "X"
 - i. Prevent further victims
 - ii. Reducing delay of life-saving measures
4. Tourniquet / chest seal victim and move
5. Rescue teams simultaneous with LE response

B. Determining treatment priorities

1. Triage and victim staging
 - i. Hemorrhage control
 - ii. Open chest wound protocol
 - iii. Self-care / buddy care
 - iv. Consider disarming injured officer (altered LOC)

XIII. Orientation to EMS system, including

A. 9-1-1 Access

1. Enhanced 9-1-1

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

- 2. Local alternatives
 - B. Interaction with EMS personnel
 - 1. Jurisdictional disagreements
 - 2. Public expectation
 - 3. Pre-event planning and familiarization
 - C. Identification of local EMS and trauma systems
 - 1. Local EMS resources and expectations
 - 2. Local trauma protocols
- XIV. Trauma emergencies
- A. Soft tissue injuries and wounds
 - 1. Review of basic treatment
 - 2. Dressings and Bandages
 - 3. Bleeding control and treat for shock
 - B. Amputations and impaled objects
 - 1. Review of basic treatment
 - 2. Dressings and Bandages
 - 3. Bleeding control and treat for shock
 - C. Chest and abdominal injuries
 - 1. Review of basic treatment for chest wall injuries
 - i. Breathing / movement
 - 2. Application of chest seals
 - i. Chest seal types
 - 3. Immobilize penetrating objects
 - 4. Continue to monitor vitals
 - 5. Position injured side down (consider C-spine injuries)
 - D. Head, neck or back injury
 - 1. Indicators
 - i. Mechanism of injury
 - A) Striking vehicle windshield
 - B) Blow to the head
 - C) falls
 - ii. Altered Mental status
 - A) Agitated, confused, combative
 - B) Appears intoxicated
 - C) Decreased level of consciousness
 - D) Loss of short term memory
 - E) Loss of consciousness
 - iii. Vital signs
 - A) Abnormal breathing patterns
 - B) Decreased pulse
 - C) General deterioration of vital signs
 - iv. Visible injury
 - A) Deformity of the head or skull
 - B) Visible bone fragments
 - v. Appearance

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

- A) Clear or bloody fluid from the ears or nose
- B) Unequal pupils
- C) Bruising behind ears
- D) Discoloration around eyes
- E) Paralysis
- F) Priapism
- vi. Treatment
 - A) Do not move victim's head
 - B) Activate EMS
 - C) Control bleeding
 - D) Check for cerebrospinal fluid in ears/nose and bandage loosely
 - E) Be prepared for projectile vomiting
 - F) Treat for shock
- E. Spinal immobilization
 - 1. Manual Stabilization
 - 2. Awareness of EMS techniques and equipment
- F. Musculoskeletal trauma and splinting
 - 1. Expose injury site
 - 2. Assess for fractures
 - 3. Control excessive bleeding
 - 4. Treat for shock
 - 5. Apply dressing and bandages to immobilize injury
 - i. Immobilize bones above and below the joint
 - ii. Do not attempt to manipulate or straighten limbs
 - iii. Leave fingers and toes exposed unless affected
 - iv. Check for circulation below injury site
 - 6. Bleeding / shock control
 - 7. Improvisational splinting
- G. Recognition of signs and symptoms of shock
 - 1. Basic treatment of shock
 - 2. Importance of maintaining normal body temperature
- H. Internal bleeding
 - 1. Indicators
 - i. Rapid pulse / respirations
 - ii. General decline in vitals
 - 2. Treatment
 - i. Bleeding control / treat for shock
- I. Control of external 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:
 - i. 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

Sacramento Police Department
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Course #: 2320-21797

- ii. EMSA-approved hemostatic dressings

XV. Legal issues

- A. Authorized skills and liability limitations
 - 1. Identify conditions under which a peace officer is protected from liability when providing emergency medical services
 - i. 1799.102 H&S
 - A) Act within scope of their employment
 - B) Act in good faith
 - C) Provide a standard of care that is within the scope of their training and agency policy
 - 2. Consent
 - i. Expressed Consent
 - ii. Implied Consent
 - iii. Refusal of care
 - A) DNR (Do Not Resuscitate)
- B. Identify conditions under which a peace officer may NOT be protected from liability when providing emergency medical services
 - 1. Negligence
 - i. Act beyond scope
 - ii. Grossly negligent manner

XVI. Safety protocols

XVII. Written, oral and/or demonstration assessment (in each topic area)

- A. A learning activity that requires the student to conduct a primary assessment and triage on victims of trauma or medical emergency during/following violent circumstances (i.e. active shooter). The primary assessment shall minimally include:
 - 1. Check for responsiveness
 - 2. Check circulation
 - 3. Check airway
 - 4. Check breathing
 - 5. Look for serious bleeding
- B. A learning activity that requires the student to demonstrate the following first aid techniques for controlling bleeding of a limb:
 - 1. Direct pressure
 - 2. Tourniquet
 - 3. Hemostatic dressing
- C. A learning activity that requires the student to demonstrate the following first aid technique for controlling bleeding of the chest or abdomen:
 - 1. Chest seals
- D. A learning activity that requires the student to demonstrate the following basic life support techniques:
 - 1. Clearing an obstructed airway on conscious and unconscious victims

Sacramento Police Department
First Aid/CPR/AED Refresher (8 hours)
Course #: 2320-21797

- i. Adult or child
 - ii. Infant
 - iii. Obese or pregnant
 2. Rescue breathing
 - i. Adult
 - ii. Child
 - iii. Infant
 3. CPR (alone and as part of a rescue team)
 - i. Adult
 - ii. Child
 - iii. Infant
- E. Written exam