

FIRST AID/CPR/AED/REFRESHER
#21797
EXPANDED COURSE OUTLINE

I. Role of Public Safety First Aid Provider

A. Personal Safety

1. Scene safety.
2. Address law enforcement threat, then render aid.
3. Activate emergency medical services (EMS) as needed/render appropriate care.
4. Identification of local EMS and trauma systems.

B. Body Substance Isolation

1. Treat all bodily fluids as if they are contaminated.
2. Personal Protective Equipment (PPE).
3. Cleaning of contaminated items (refer to agency policy).
4. Disposal of contaminated items (refer to agency policy).
5. Notification if contact with bodily fluid occurs.
6. Skill assessment of removing contaminated gloves.

C. Legal Considerations

1. Definition of Public Safety First Aid – The recognition of and immediate care for injury or sudden illness, including medical emergencies, prior to the availability of medical care by licensed or certified health care professionals.
2. Responsibility to Act
 - a. Peace officers have a responsibility to assess emergency situations.
 - b. Initiate appropriate EMS within the scope of the officer’s training and specific agency policy.
3. Immunity from Liability
 - a. Duty to Care
 - i. Act within the scope of employment.
 - ii. Act in good faith.
 - iii. Provide a standard of care that is within the scope of their training and specific agency policy.
 - b. Health & Safety Code section 1799.102
4. Negligence
 - a. If a peace officer attempts to provide emergency medical services beyond the scope of their training, or if they act in a grossly negligent manner, they can be held liable for any injuries they may cause.
 - b. Failure to provide care, even though the rescuer had the appropriate level of training to do so, may also lead to the officer being liable for any injuries caused because of lack of care.

D. Types of Consent

1. Expressed consent
 - a. Obtained from the ill or injured person
 - i. Conscious and orientated
 - ii. mentally competent
 - iii. 18 years old or emancipated minor
2. Implied Consent
 - a. Assumes that an unconscious or confused victim would consent to receiving help if that person were able to do so.
 - i. Unconscious
 - ii. Developmental, emotional or mental disability
 - iii. Altered mental state (drugs, head injury, etc.)
 - b. juvenile and parent or guardian are not present
3. Refusal of care
 - a. Conscious and competent
 - b. Must be honored
4. Life Threatening conditions
 - a. If left untreated the condition will degenerate into life threatening condition
 - b. EMS may provide services regardless of victims conscious condition
5. Advanced Directives
 - a. DNR (Do Not Resuscitate)
 - b. POLST (Physician order for life sustaining treatment)
 - c. Officer must comply with state local policies
6. Duty to continue
 - a. Officer must remain with the victim until
 - i. Officer is physically unable to continue
 - ii. Officer is relieved by equal or greater training
 - iii. Scene becomes unsafe

E. EMS Access

1. Activating EMS to scene giving type of emergency and number of victims.
2. Meeting EMS and directing to scene.
3. Location of hospitals/trauma centers.

F. Integration with EMS Personnel

1. Training with EMS (i.e. – active shooters, earthquakes, etc.).
2. Scene is safe for EMS to enter.

3. Meet with EMS upon arrival and give scene situation.
4. If needed, provide assistance.

G. Minimum Equipment and First Aid Kits

1. Agency standards.
2. PPEs.
3. Dressing/bandaging materials for effective control of bleeding.

II. Orientation to the EMS System

A. 9-1-1 access

1. Use of handheld radio
2. Landline – Dispatcher will likely have an address to the phone number.
3. Business – Do you need to dial 9 for access to an outside line?
4. Cell phone
 - a. If another person is present, have the person call 9-1-1.
 - b. If by yourself, call 9-1-1 and put the cell phone on speaker mode.

B. Interaction with EMS personnel

1. Meet with EMS personnel upon arrival and direct to the patient.
2. Inform EMS of the type of injury and condition of the patient.
3. Provide assistance if needed.

III. Patient Assessment for Medical and Traumatic Emergencies

A. Primary Patient Assessment

1. Scene Safety / PPE
2. Check responsiveness/tap and shout
3. Unresponsiveness
4. Activate EMS
5. Check breathing/pulse (no more than 10 seconds)
6. Responsive
7. Ensure ABCs adequate / check Level of Consciousness (LOC)
8. Determine chief complaint
9. Move toward secondary survey / treatment as needed

B. Secondary Patient Assessment (conscious patient/safe scene)

1. Vital signs/general appearance/skin color, temperature, moisture
2. Level of Consciousness – AVPU acronym
 - a. Alert
 - b. Verbal
 - c. Pain
 - d. Unresponsive
3. Head to toe “hands-on” assessment

C. Multiple Victim Assessment

1. Standardized Triage System
2. Classification of categories
3. Assessment criteria
4. Patient history – SAMPLE acronym
 - a. Signs/symptoms
 - b. Allergies
 - c. Medications
 - d. Last oral intake
 - e. Event leading up to present illness/injury

D. Obtain Patient History

1. Give patient history to medical staff only.
2. Keep medical information private; not to be discussed with co-workers.

E. Skill Assessment for Finding the Problem

IV. Patient Movement

A. Emergency Movement of Patients

1. If the area is unsafe for you or the ill or injured person, move to a safe location.
2. If a person is unresponsive and breathing normally, you may roll the person onto his side. By rolling the person onto his side, you may help keep his airway open in case he vomits.
3. Conditions for moving a victim

B. Lifts and Carries

1. Human crutch – arm over shoulder assisted carry
2. Shoulder drag – grab clothes by shoulders
3. Fore/aft carry – AKA trunk-leg carry (2 person carry)
4. Side-by-side carry – AKA two-handed seat (2 person carry)
5. Manual extractions – pulling out of spaces
6. Cradle carry – small child carry with both arms
7. Backpack carry – person on back

V. Medical Emergencies

A. Pain, Severe Pressure, or Discomfort in Chest (Heart Attack)

1. Make sure the scene is safe.
2. Activate EMS and get a first aid kit and an AED.
3. Obtain AED for early defibrillation.
4. Position of comfort / assist with nitro as prescribed.
5. Treat for shock.
6. Monitor the person until EMS arrives and takes control.

B. Breathing Difficulties

1. Asthma/COPD

a. Signs/Symptoms

- i. Is breathing very fast or very slow.
- ii. Is having trouble with every breath.
- iii. Has noisy breathing – you hear a sound or whistle as the air enters or leaves the lungs.
- iv. Can only make sounds or speak no more than a few words at a time in between breaths although the person is trying to say more

b. Make sure the scene is safe.

c. Ask the person if they need help. If the person does, ask if the person has medicine.

d. If the person has medicine, get it and assist the person with medicine.

e. Monitor patient.

f. Activate EMS if the person has no medicine, does not get better after using medication, breathing gets worse, has trouble speaking, or becomes unresponsive.

g. Provide CPR if person becomes unresponsive and stops breathing.

h. Monitor person until EMS arrives and takes control.

C. Allergic Reactions

1. Mild allergic reactions

- a. A stuffy nose, sneezing, and itching around the eyes.
- b. Itching of the skin.
- c. Raised, red rash on the skin (hives).

2. Severe allergic reactions

- a. Trouble breathing.
- b. Swelling of the tongue and face.
- c. Signs of shock.

3. For severe reactions, assist person with medicine.

4. If trained, you can administer an epinephrine pen.

5. Monitor person until EMS arrives and takes control.

D. Altered Mental Status

1. Lack of concentration or forgetfulness.

2. Slow responses.

3. Hallucinations and changes in sleep patterns.

4. Decreased or increased movement.

5. Agitation or rambling speech.

6. Cannot or will not follow reasonable requests.

7. Cannot be aroused from sleep.

E. Fainting

1. Causes for a person to faint

a. Stands without moving for a long time, especially if it's hot.

b. Has a heart condition.

c. Suddenly stands after squatting or bending down.

- d. Receives bad news.
2. Have the person lie flat on the floor.
3. If the person has fallen, look for injuries.
4. Activate EMS if the person does not get better or becomes unresponsive.
5. If EMS activated, monitor the person until EMS arrives and takes control.

F. Diabetes

1. Signs/Symptoms
 - a. Irritable or confused.
 - b. Hungry, thirsty, or weak.
 - c. Sleepy.
 - d. Sweaty.
2. If the person can sit up and eat or swallow, give items with sugar such as jelly beans or apple juice.
3. If the person does not improve in 15 minutes, activate EMS.
4. Monitor the person until EMS arrives and takes control.

G. Stroke

1. FAST acronym
 - a. Face Drooping.
 - b. Arm Weakness.
 - c. Speech Difficulty.
 - d. Time to activate EMS.
2. Activate EMS and get the first aid kit and AED.
3. Monitor the person until EMS arrives and takes control

H. Seizures

1. Abnormal electrical activity to the brain.
2. Make sure the scene is safe.
3. Move objects out of the way of the person.
4. Place small pad or towel under person's head.
5. Activate EMS and get a first aid kit and AED.
6. Check person if CPR is needed.
7. Monitor the person until EMS arrives and takes control.
8. If trouble breathing, roll onto side.

I. Alcohol and Drug Emergencies

1. Cold, clammy, blue skin
2. Loss of bodily control
3. Irregular breathing
4. Violent behavior
5. Unresponsiveness
6. Excessive vomiting
7. Activate EMS for the above signs and symptoms

J. Severe Abdominal Pain

1. Activate EMS
2. Position of comfort
3. If needed, treat for shock
4. Monitor the person until EMS arrives and takes control

K. Obstetrical Emergencies

1. Activate EMS and get the first aid kit.
2. Establish a rapport with the mother.
3. Wear PPE and have a person get towels and/or blankets.
4. If the baby's head is at the entrance of the vagina, this is crowning.
5. Prevent explosive delivery with gentle pressure on the head.
6. Use a firm grip on the infant as newborns are slippery.
7. Dry infant quickly and keep warm.
8. Keep infant at the same level as the mother.
9. If the infant has no pulse and not breathing, begin CPR.
10. Deliver the placenta and save it for transport with mother.
11. Monitor the mother until EMS arrives and takes control.

L. Sudden Infant Death Syndrome (SIDS)

1. It is the sudden and unexplained death of an infant.
2. How to reduce the risk of SIDS.
 - a. Don't smoke – no exposure before or after birth.
 - b. Don't bed share (including sleeping in a chair or sofa).
 - c. Place in a bare crib – no covers, pillows, bumper pads, or Positioning devices.
 - d. Place on back to sleep.

VI. Management of Foreign Body Airway Obstruction on Adults, Children, and Infants

A. Conscious Adult and Child

1. If the victim can talk, make sounds, or cough loudly, encourage the victim to keep coughing till the object is cleared.
2. If the victim is not breathing, ask the victim, "Are you choking? Can I help?"
3. If the victim is choking, inform the victim you are taking action.
4. Stand or kneel behind the victim and wrap your arms around the victim's waist.
5. Make a fist with one hand and place the thumb side of your fist against the victim's abdomen slightly above the navel and well below the breastbone.
6. Grasp your fist with your other hand and press your fist into the victim's abdomen with a quick, forceful upward thrust.
7. Give each new thrust with a separate, distinct movement to relieve the obstruction.
8. Repeat thrusts till object is expelled or victim loses consciousness.

B. Conscious Pregnant / Obese Adults

1. If the victim is coughing, encourage the victim to keep coughing till the

object is cleared.

2. If the victim is not breathing, ask the victim, “Are you choking? Can I help?”
3. If the victim is choking, inform the victim you are taking action.
4. Take a position behind the victim who is standing or sitting.
5. Slide arms under the victim’s armpits and encircle the victim’s chest.
6. Form a fist with one hand.
7. Place the thumb side of the fist on the midline of the victim’s sternum, level with the armpits.
8. Grasp the fist with the free hand.
9. Direct thrusts straight back toward the victim’s spine.
10. Repeat thrusts until object is expelled or victim loses consciousness.

C. Conscious Choking Infant

1. Hold the infant face down on your forearm.
2. Support the infant’s head and jaw with your hand.
3. Give up to 5 back slaps with the heel of your other hand, between the infant’s shoulder blades.
4. Give up to 5 chest thrusts, using 2 fingers of your other hand to push on the chest in the same place you push during CPR.
5. Repeat giving 5 back slaps and 5 chest thrusts until the infant can breathe, cough, or cry, or until the infant becomes unconscious.

D. Adult Becomes Unconscious

1. Activate the EMS system and get an AED.
2. Provide CPR, starting with compressions.
3. After each set of 30 compressions, open the airway to give breaths.
4. Each time you open the airway, look in the mouth and remove any visible object in the mouth (Do not use a blind finger sweep).
5. Give 2 breaths and then repeat 30 compressions.
6. Continue CPR until the victim moves, speaks, blinks, or otherwise reacts.
7. Monitor the person until EMS arrives and takes control.

E. Infant and Child Becomes Unconscious

1. Have someone activate the EMS system and bring back an AED.
2. Begin CPR immediately starting with compressions.
3. After each set of 30 compressions, open the airway to give breaths.
4. Each time you open the airway, look in the mouth and remove any visible object in the mouth (Do not use a blind finger sweep).
5. Give 2 breaths and then repeat 30 compressions.
6. If you are alone and don’t have a cell phone, activate EMS after 5 sets of 30 compressions and 2 breaths.
7. If available, get an AED.
8. If the child is not injured, carry the child/infant with you.
9. Return to the child/infant and continue CPR.
10. Monitor the child/infant until EMS arrives and takes control.

F. Skill Assessment on Foreign Body Airway Obstruction for Adult, Child, and Infant.

VII. Trauma Emergencies

A. Soft Tissue Injuries and Wounds

1. Get a bag of ice with water and keep on the wounded area for 20 minutes.
2. Advise the injured person to seek medical attention.

B. Control of Bleeding

1. Methods

- a. Direct pressure
- b. Pressure bandages
- c. Tourniquets
- d. Hemostatic dressings

2. Types of hemostatic dressings

- a. Hemostatic bandages
- b. Hemostatic agents
- c. Hemostatic plugs

3. Cuts/Abrasions

a. Dressing v. Bandage

- i. Dressing is clean cloth or gauze.
- ii. Bandage holds the dressing in place.

b. Most bleeding can be stopped with direct pressure.

c. Make sure the scene is safe.

d. Get the first aid kit.

e. Wear PPE.

f. Apply pressure with a dressing.

g. Do not take off original dressing.

h. Continued bleeding, add additional dressing until bleeding stops.

i. Once the bleeding has stopped or if you can't keep pressure on the wound, wrap a bandage firmly over the dressings to hold them in place.

j. For minor cuts, wash the area with soap and water. Then, apply a dressing to the wound.

4. Deep Cuts

a. Make sure the scene is safe.

b. Activate EMS and get a first aid kit.

c. Wear PPE.

d. if bleeding continues after direct pressure, apply tourniquet 2 inches above the injury and write down the time on the tourniquet.

e. A tourniquet must be at least 1 inch wide.

f. Tighten tourniquet to stop the bleeding.

g. If bleeding continues, apply a second tourniquet

h. Do not remove a tourniquet.

i. If trained, a hemostatic dressing may be used to stop the bleeding if the bleeding continues after the application of the tourniquet or the wound is in an area where it is impractical to apply a tourniquet

- j. Monitor the person until EMS arrives and takes control.
- 5. Skill Assessment for Stopping Bleeding and Bandaging

C. Amputations and Impaled Objects

1. Make sure the scene is safe.
2. Activate EMS and get a first aid kit and an AED.
3. Wear PPE.
4. Stop the bleeding from the injured area with pressure.
5. Clean amputated part with clean water and wrap in a dressing.
6. Get two plastic bags.
 - a. Fill one bag with ice and some water.
 - b. Put amputated part in the other bag.
 - c. Put bag with amputated part inside the bag with the ice and water.
 - d. Write the name, date, and time on the bag with the amputated part inside of it and send it with the person to the hospital.
7. Do not attempt to remove any impaled objects; control bleeding by applying pressure on both sides of the object and do not put pressure on the object itself.
8. Monitor for signs of shock.
9. Monitor the person until EMS arrives and takes control.

D. Open and Closed Chest Injuries

1. Open or penetrating chest injuries may be a “sucking chest wound”.
2. Treatment for “sucking chest wound”.
 - a. Activate EMS.
 - b. Application of chest seal(s) over puncture/penetration.
 - (1) Expose wound site
 - (2) Clean area
 - (3) Apply seal
 - (4) Check respirations
 - c. Place on injured side.
 - d. Monitor ABCs.
 - d. Treat for shock.
 - e. Monitor the person until EMS arrives and takes control.
3. Closed chest wounds can lead to a flail chest.
4. Treatment for flail chest.
 - a. Activate EMS.
 - b. Place victim in a recovery position, if appropriate, on the injured side with support for the victim’s back or in a supine position with a soft object (e.g., coat held firmly over the injured area).
 - c. Monitor ABCs.
 - d. Treat for shock.
 - e. Monitor the person until EMS arrives and takes control.

E. Abdominal Injuries

1. Closed – signs/symptoms, concern for internal bleeding, organ damage
2. Open – control bleeding with pressure
3. Treatment
 - a. Activate EMS and get a first aid kit and an AED.
 - b. Wear PPE.
 - c. Eviscerations
 - (1) Exposed abdominal contents/organs
 - (2) Apply moist sterile dressing
 - (3) Cover with airtight bandage
 - d. Monitor ABCs.
 - e. Treat for shock.
 - f. Monitor the person until EMS arrives and takes control.

F. Internal Bleeding

1. Activate EMS and get a first aid kit and an AED.
2. Have the person lie down.
3. Monitor for shock.
4. Monitor the person until EMS arrives and takes control.

G. Head Injury

1. Cautious about moving the injured person.
2. Activate EMS if the person had lost consciousness.
3. If the person did not lose consciousness, advise the person to seek medical attention.
4. If EMS activated, monitor the person until EMS arrives and takes control.

H. Neck and Back Injuries

1. Have the person remain still.
2. Activate EMS.
3. Monitor the person until EMS arrives and takes control.

I. Spinal Immobilizations

1. Have the person remain still.
2. Activate EMS.
3. When a person has a spinal injury, do not twist or turn the head or neck unless it's necessary to do the following:
 - a. Turn the person face up to give CPR.
 - b. Move the person out of danger.
 - c. Reposition the person because of breathing problems, vomiting, or fluids in the mouth.
4. Monitor the person until EMS arrives and takes control.

J. Musculoskeletal Trauma and Splinting

1. Open fractures
2. Closed fractures
3. Treatment

- a. Activate EMS, if necessary.
 - b. Do not attempt to manipulate or “straighten out” an injury.
 - c. Expose the injury by removing clothing covering the area.
 - d. Control bleeding associated with open fractures.
 - e. Stabilize the injury by immobilizing the bones above and below the joint.
 - f. Check capillary refill and warmth of affected limb.
 - g. Treat for shock.
 - h. Do not elevate legs if injury is to the lower extremities.
 - i. If EMS was activated, monitor the person until EMS arrives and takes control.
4. Skill Assessment for Splinting.

K. Recognition and Treatment of Shock

1. Signs of Shock

- a. Feel weak, faint, or dizzy.
- b. Feel nauseated or thirsty.
- c. Have pale or grayish skin.
- d. Restless, agitated, or confused.
- e. Cold and clammy to the touch.

2. Activate EMS and get a first aid kit and an AED.

3. Have the person lie on their back.

4. Cover person with a blanket to keep warm.

5. Provide CPR, if needed.

6. Monitor the person until EMS arrives and takes control.

VIII. Facial Injuries

A. Object in the eye

1. Stabilize.
2. Sympathetic eye movement
3. Do not remove object

B. Chemicals in the eye

1. Flush with copious amounts of water

C. Nosebleeds

1. Assume a seated position
2. Lean slightly forward
3. Pinch the nose midway at the point where the bone and cartilage meet
4. Maintain the position until the bleeding stops
5. If victim is unconscious
 - a. Place in recovery position
 - b. maintain open airway
 - c. monitor

D. Dental Emergencies

1. Make sure the scene is safe.

2. Get the first aid kit.
3. Wear PPE.
4. Check the person's mouth for any missing or loose teeth or parts of teeth.
5. If a tooth is chipped, gently clean the injured area and call a dentist.
6. If a tooth is loose, have the person bite down on a piece of gauze to keep the tooth in place and call a dentist.
7. If a tooth has come out, it may be possible for a dentist to reattach the tooth. So, when you hold it, hold it by the crown-the top part of the tooth. Do not hold it by the root.
8. Apply pressure with gauze to stop any bleeding in the empty tooth socket.
9. Clean the area where the tooth was located with saline or clean water.
10. Put the tooth in one of the following: egg white, coconut water, or whole milk.
11. If none of these is available, store the tooth in the injured person's saliva-not in the mouth.
12. Immediately take the injured person and tooth to a dentist or emergency department.

IX. Burns

A. Thermal Burns

1. Small burns
 - a. Make sure the scene is safe.
 - b. Get the first aid kit.
 - c. Wear PPE.
 - d. Cool the burn area immediately with cold, but not ice-cold, water for at least 10 minutes.
 - e. If you do not have cold water, use a cool or cold, but not freezing, clean compress.
 - f. Run cold water on the burn until it doesn't hurt.
 - g. You may cover the burn with a dry, nonstick sterile or clean dressing.
2. Large burns
 - a. Make sure the scene is safe.
 - b. If there is a fire, the burn area is large, or you're not sure what to do, activate EMS.
 - c. If the person or his clothing is on fire, put the fire out. Have the person stop, drop, and roll. Then, cover the person with a wet blanket.
 - d. Once the fire is out, remove the wet blanket. Carefully remove jewelry and clothing that is not stuck to the skin.
 - e. For large burns, cool the burn area immediately with cold water for at least 10 minutes.
 - f. After you cool the burns, cover them with dry, nonstick, sterile or clean dressings.
 - g. Cover the person with a dry blanket.
 - h. If EMS activated, monitor the person until EMS arrives and takes control.

B. Chemical Burns

1. If the scene is safe, get the first aid kit.
2. Activate EMS, if necessary.
3. Wear PPE.
4. As quickly and as safely as you can, wash or remove the poison from the person's skin and clothing. Help the person to a faucet or safety shower.
5. Remove clothing and jewelry from any part of the body touched by the poison. Use a gloved hand to brush off any dry powder or solid from the person's skin.
6. Give CPR if the person becomes unresponsive and isn't breathing normally or is only gasping. Use a mask for providing breaths. This is especially important if the poison has contaminated the person's lips or mouth.
7. If EMS activated, monitor the person until EMS arrives and takes control.

C. Electrical Burns

1. Make sure the scene is safe.
2. Get the first aid kit and AED.
3. PPE.
4. Activate EMS.
5. When it is safe to touch the injured person, give CPR if it is needed.
6. If EMS is dispatched, monitor the person until EMS arrives.
7. A healthcare provider should check anyone who has an electrical injury as soon as possible.

X. Violent Circumstances

A. Active Shooter

1. Tactical rescue and first aid considerations
 - a. Movement to threat vs Casualty Care
 - b. Life safety and neutralizing the threat is priority
 - c. Rescue teams and rapid trauma assessment
 - i. Rescue teams may include fire/EMT personnel
2. Tactical Emergency Casualty Care
 - a. Threat suppression
 - b. Hemorrhage Control
 - c. Rapid extrication to safety
 - d. Assessment by medical providers
 - e. Transport

XI. Environmental Emergencies

A. Heat Emergencies

1. Dehydration
 - a. Signs of dehydration
 - (1) Weakness
 - (2) Thirst or dry mouth
 - (3) Dizziness
 - (4) Confusion
 - (5) Less urination than usual
 - b. Contact a healthcare provider.

- c. Have the person drink and eat enough to stay hydrated.
2. Heat Cramps
- a. Signs of heat cramps
 - (1) Muscle cramps
 - (2) Sweating
 - (3) Headache
 - b. Get the first aid kit.
 - c. PPE.
 - d. Have the person rest and cool off.
 - e. Have the person drink something with sugar and electrolytes, such as a sports drink or juice, or water if these are not available.
 - f. If the person can tolerate it, apply a bag with ice and water wrapped in a towel to the cramping area for up to 20 minutes.
3. Heat Exhaustion
- a. Signs of heat exhaustion
 - (1) Nausea
 - (2) Dizziness
 - (3) Vomiting
 - (4) Muscle cramps
 - (5) Feeling faint or fatigued
 - (6) Heavy sweating
 - b. PPE.
 - c. Activate EMS.
 - d. Have the person lie down in a cool place.
 - e. Remove as much of the person's clothing as possible.
 - f. Cool the person with a cool water spray. If a cool water spray is not available, place cool, damp cloths on the neck, armpits, and groin.
 - g. If the person is responsive and can drink, have the person drink something with sugar and electrolytes, such as a sports drink or juice, or water if these aren't available.
 - h. Monitor the person until EMS arrives and takes control.
4. Heat Stroke
- a. Signs of a heat stroke.
 - (1) Confusion
 - (2) Feeling faint or fatigued
 - (3) Dizziness
 - (4) Fainting
 - (5) Nausea or vomiting
 - (6) Muscle cramps
 - (7) Seizure
 - b. Activate EMS.
 - c. Put the person in cool water up to his neck if possible, or spray him with cool water.
 - d. If the person becomes unresponsive and is not breathing normally or only gasping, give CPR.

e. Monitor the person until EMS arrives and takes control.

B. Cold Emergencies

1. Frostbite

a. Signs of frostbite

(1) The skin over the frostbitten area is white, waxy, or grayish-yellow.

(2) The frostbitten area is cold and numb.

(3) The frostbitten area is hard, and the skin doesn't move when you push it.

b. Make sure the scene is safe for you and the person with frostbite.

c. Move the person to a warm place.

d. Get the first aid kit.

e. Wear PPE.

f. Activate EMS.

g. Remove wet or tight clothing and pat the body dry.

h. Put dry clothes on the person and cover the person with a blanket.

i. Remove tight rings or any bracelets from the frostbitten area.

j. Monitor the person until EMS arrives and takes control.

2. Hypothermia

a. Signs of hypothermia

(1) Skin that's cool to the touch.

(2) Shivering, which stops when the body temperature is very low.

(3) Confusion

(4) Personality change

(5) Sleepiness and the person's lack of concern about their condition.

(6) Stiff, rigid muscles while the skin becomes ice-cold and blue.

b. Make sure the scene is safe for you and the person with hypothermia.

c. Get the person out of the cold.

d. Remove wet clothing, pat the person dry, and cover with a blanket.

e. Get the first aid kit and AED.

f. Activate EMS.

g. Put dry clothes on the person. Cover the body and head, but not the face, with blankets, towels, or even newspapers.

h. Monitor the person until EMS arrives and takes over.

i. If the person becomes unresponsive and is not breathing normally or only gasping, give CPR.

C. Drowning

1. Make sure the scene is safe.

2. Activate EMS and get a first aid kit and an AED.

3. If the person is moving above water, attempt to give the victim a flotation device to exit the water. If you swim to the victim, the victim may grab you and take you under the water causing you to drown. Be aware of currents and things under the water you cannot see.

4. If you can see the victim is not moving under the water, attempt to remove the victim out of the water. If there are signs of a head injury, attempt not to move

the head.

5. If the victim is in a strong current, wait for EMS with advanced training and equipment. Try to keep the victim in view. Give the dispatcher the location and time last seen.
6. If the victim is not breathing, give two rescue breaths first. The victim may vomit to expel the fluid in the lungs.
7. If the victim is not breathing and has no pulse after the first two rescue breaths, begin CPR.
8. Monitor the victim until EMS arrives and takes control.

XII. Bites and Stings

A. Animal and Human Bites

1. Make sure the scene is safe.
2. Bites that break the skin can become infected.
3. Clean with soap and water and ice for 20 minutes.
4. Bites that break the skin, advise the person to see a healthcare provider as soon as possible.

B. Snakebites

1. Make sure the scene is safe.
2. Activate EMS.
3. Have the person stay still and calm.
4. Remove tight clothing and jewelry.
5. Clean the area with soap and water.
6. Monitor the person until EMS arrives and takes control.

C. Bee Stings, Insect, and Spider Bites

1. Make sure the scene is safe.
2. Get the first aid kit.
3. Wear PPE.
4. If stung by a bee, scrape the stinger and venom sac away with something hard and dull that won't squeeze it – like the edge of a credit card or photo ID.
5. Wash the sting or bite area with soap and water.
6. Put a bag of ice and water wrapped in a towel over the area for up to twenty minutes.
7. Watch the person for at least 30 minutes for signs of an allergic reaction.
8. If trained, be prepared to use an epinephrine pen if needed.

D. Poisonous bites – Spider and Scorpion

1. Make sure the scene is safe.
2. Get the first aid kit.
3. Wear PPE.
4. Activate EMS.
5. Clean the bite area with soap and water.
6. Put a bag of ice and water wrapped in a towel on the bite.
7. Monitor the person until EMS arrives and takes control.

E. Ticks

1. Get the first aid kit.
2. PPE.

3. Use tweezers to grab the tick by its mouth or head, as close to the skin as possible.
4. Try to avoid pinching the tick.
5. Lift the tick straight out. If you lift the tick until the person's skin tents and wait for several seconds, the tick may let go.
6. Place the tick in a plastic bag in case the person needs to take it with him when getting medical care.
7. Wash the bite area with soap and water.
8. If you are in an area where you know there is tick-borne illness, suggest that the person see a healthcare provider as soon as possible.

F. Marine Bites and Stings

1. Make sure the scene is safe.
2. Get the first aid kit.
3. Wear PPE.
4. Keep the injured person quiet and still.
5. Wipe off stingers or tentacles with a gloved hand or towel.
6. If the sting is from a jellyfish, rinse the injured area for at least 30 seconds with lots of vinegar. If vinegar is not available, use a baking soda and water solution instead.
7. Put the part of the body that was stung in hot water. You may also have the person take a shower with water as hot as the person can bear for at least 20 minutes or as long as the pain persists.
8. Activate EMS if a person has been bitten or stung by a marine animal and has signs of a severe allergic reaction or a person was bitten or stung while in an area known to have poisonous marine animals.
9. For all bites and stings that break the skin, see a healthcare provider.
10. If EMS activated, monitor the person until EMS arrives and takes control.

XIII. Poisoning

A. Ingested and Inhaled Poisoning

1. Make sure the scene is safe for you and the ill or injured person before you approach.
2. Look for signs that warn you that poisons are nearby.
3. If the scene seems unsafe, do not approach. Tell everyone to move away.
4. If the scene is safe, get the first aid kit.
5. Activate EMS and tell the dispatcher the name of the poison. The dispatcher may put you in contact with poison control and ask the following questions.
 - a. Name of the poison
 - b. Description of poison if the name is unknown
 - c. How much ingested/breathed/swallowed
 - d. Person's age
 - e. Person's weight
 - f. When it happened
 - g. How the person feeling or acting now
6. If you approach the scene, wear PPE.
7. Give CPR if the person becomes unresponsive and isn't breathing normally

or is only gasping. Use a mask for providing breaths. This is especially important if the poison has contaminated the person's lips or mouth.

8. Monitor the person until EMS arrives and takes control.

B. Exposure to Chemical, Biological, or Radiological Substances

1. Scene safety.

2. Situational awareness

3. Look for spilled or leaking containers.

4. If the scene seems unsafe, do not approach. Tell everyone to move away.

5. Stay out of the scene if you see multiple people who may have been poisoned.

6. If the scene is safe, get the first aid kit.

7. Activate EMS and tell the dispatcher the name of the poison. The dispatcher may put you in contact with poison control and ask the following questions.

a. Name of the poison

b. Description of poison if the name is unknown

c. How much ingested/breathed/swallowed

d. Person's age

e. Person's weight

f. When it happened

g. How the person feeling or acting now

8. If you approach the scene, wear PPE.

9. Move the person away from the scene of the poison if you can, and help the person move to an area with fresh air.

10. As quickly and as safely as you can, wash or remove the poison from the person's skin and clothing. Help the person to a faucet, safety shower, or eyewash station.

11. Remove clothing and jewelry from any part of the body touched by the poison. Use a gloved hand to brush off any dry powder or solid from the person's skin.

12. If an eye is affected, ask the person to blink as much as possible while rinsing the eyes. If only one eye is affected, make sure the eye with the poison in it is the lower eye so that you don't rinse the poison into the unaffected eye.

13. Give CPR if the person becomes unresponsive and isn't breathing normally or is only gasping. Use a mask for providing breaths. This is especially important if the poison has contaminated the person's lips or mouth.

14. Monitor the person until EMS arrives and takes control

C. Poison Control System

1. Can be contacted at 1-800-222-1222.

XIV. Psychological Emergencies

A. Application for 5150 WIC (adult) and 5585 WIC (minor) Hold

1. Danger to self

2. Danger to others

3. Gravely disabled

B. Behaviors for Documentation

1. Hallucinations

2. Delusions

3. Disorganized speech pattern
 4. Major depression
 5. Excitability
 6. Impaired self-care
 7. Thoughts of death or suicide
 8. Bizarre/impulsive/erratic behaviors
 9. Disorientation
- C. Communication Reminders – LEAPS
1. Listen actively
 2. Empathize
 3. Ask questions
 4. Paraphrase
 5. Summarize
- D. Community Resources
1. Locations that accept Adults, Elderly, Teens, and Children for a mental eval

XV. Heart Attack / Sudden Cardiac Arrest

- A. Follow current American Heart Association (AHA) Guidelines.
- B. Respiratory Systems
1. Rapid breathing.
 2. Slow breathing.
 3. Shallow breathing.
 4. Gaspings
- C. Circulatory Systems
1. Numbness in limbs.
 2. Discoloration of fingernails / Capillary refill test.
 3. Poor mental status.
 4. Tightening of the chest.
- D. Heart Attack / Cardiac Arrest
1. Signs and Symptoms.
 2. Scene is safe.
 3. Check for responsiveness (Tap and Shout).
 4. If unresponsive, have someone activate EMS and get a first aid kit and AED.
 5. If alone, activate EMS yourself.
 6. Check for breathing/gaspings between 5-10 seconds.
 7. Unresponsive and not breathing or gasping, provide CPR.
 8. If providing CPR, use AED as soon as it is available.
 9. Stay with the victim till someone with more advanced training arrives.
- E. Sudden Cardiac Arrest and Early Defibrillation
1. Providing a shock to the heart during cardiac arrest can cause the heart to reset and resume beating at a normal rhythm.
- F. Chain of Survival
1. Recognition and activation of the emergency response system.
 2. Immediate high-quality CPR.
 3. Rapid defibrillation.
 4. Basic and advanced emergency medical services.

XVI. CPR and AED for Adults, Children, and Infants

A. Follow current American Heart Association (AHA) Guidelines.

B. Rescue Breathing.

1. Mouth to mouth
2. Mouth to mask
3. Bag valve mask

C. AED

1. Basic AED operation
2. Using the AED
3. Troubleshooting and other considerations

D. CPR (Cardiopulmonary Resuscitation)

1. Adult CPR / Rescue breathing

- a. Move clothing away from chest.
- b. Two hand placement on lower half of the breastbone.
- c. Use 30:2 ratio (compressions to breaths).
- d. Chest compressions at a rate of 100-120 compressions/minute.
- e. Chest compressions at a depth of at least 2 inches.
- f. Do not interrupt compressions for more than 10 seconds.
- g. If another rescuer arrives, switch every two minutes.
- h. Use AED as soon as it is available.

2. Child CPR / Rescue breathing

- a. Move clothing away from chest.
- b. One or two hand placement on lower half of the breastbone.
- c. If alone, use 30:2 ratio (compressions to breaths).
- d. Two rescuers, use 15:2 ratio (compressions to breaths).
- e. Chest compressions at a rate of 100-120 compressions/minute.
- f. Chest compressions at a depth of about 2 inches.
- g. Do not interrupt compressions for more than 10 seconds.
- h. Use AED immediately upon arrival with child AED pads for children less than 8 years old and adult pads for children 8 years old and older.
- i. If no child AED pads are available, use adult pads.

3. Infant CPR / Rescue breathing

- a. Move clothing away from chest.
- b. Two tips of fingers just below nipple line.
- c. If alone, use 30:2 ratio (compressions to breaths).
- d. Two rescuers, use 15:2 ratio (compressions to breaths).
- e. Chest compressions at a rate of 100-120 compressions/minute.
- f. Chest compressions at a depth of about 1½ inches.
- g. Do not interrupt chest compressions for more than 10 seconds.
- h. Use AED immediately upon arrival with child AED pads.
- i. If no child AED pads are available, use adult pads.

4. Recovery Position

E. Skill Assessment Testing on CPR/AED for Adult, Child, and Infant

XVII. Written Test

