

Sacramento Police Department – 2320
FIRST AID/CPR/AED INSTRUCTOR Course – 21796

Statement of Purpose: The purpose of this course is to provide the knowledge and Technical skills to teach Automated External Defibrillation (AED), Communicable Disease Safety and Prevention (CD), Cardiopulmonary Resuscitation (CPR) and Emergency Medical Services (EMS): Basic First Aid (BFA), and Public Safety First Aid (PSFA) to sworn law enforcement personnel who will be instructing these topics in an academy or in-service training environment.

- I. Course Introduction
 - a. Instructor Introduction
 - b. Course Introduction
 - c. Course Content
 - d. Instructional Methodology
 - e. Student Evaluation / Testing
 - f. Facility Layout
 - i. Lecture Facilities
 - ii. Locations for Practical Applications
 - iii. Location of First Aid Supplies

- II. Course Safety Procedures
 - a. Report of any Medical Limitations of Students
 - b. Report and Document any Injuries During Class

- III. First Aid Program Review and Direction
 - a. AED, CD, CPR, BFA and PSFA
 - b. California Codes and Regulation Title 22, Division 9, Chapters 1.5 and 2
 - c. California Penal Code
 - d. Welfare and Institutions Code
 - e. LD 34
 - i. LD and TTS
 - ii. Required hours
 - iii. Required learning activities
 - iv. How we teach it in the academy

- IV. Adult Learning and Instructional Process
 - a. Course Development
 - i. Expanded Course Outline
 - ii. Hourly Distribution
 - iii. Selection of Training Site
 - b. Class Planning
 - i. Qualified Instructors / Ratio
 - ii. Training Equipment: Purchasing & Maintenance
 - c. Instructional Techniques and Methodology
 - i. Adult Learning, Learning Styles and Motivation
 - ii. Lesson Plans and Presentation Styles
 - iii. Domains of Learning
 - iv. Team Teaching

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- v. Teaching Psychomotor Skills
 - vi. Testing Procedures, Scenarios and Remediation
 - d. Instructor Liability
 - e. First Aid Programs Record Keeping
- V. Peace officer roles and responsibilities
- a. Primary responsibilities
 - i. Ensure peace officer safety as well as the safety of ill or injured individuals and the public
 - ii. Evaluate the emergency
 - iii. Take necessary enforcement actions
 - iv. Initiate actions regarding the well-being and care of ill or injured persons
 - b. Scene assessment
 - i. Location
 - ii. Type of emergency
 - iii. Nature of ill/injured persons
 - iv. Additional resources
 - c. Assessment and care of victim
 - i. Peace officers may be required to provide basic care
 - ii. Until relieved of responsibility by other personnel with equal or higher levels of training
 - d. Law enforcement actions
 - i. Document initial observations
 - ii. Protect evidence
 - iii. Identify and isolate witnesses and involved parties
 - iv. Record statements and information
 - v. Note whether items were moved to render EMS
 - 1. Record what was touched
 - 2. By whom
 - vi. Any other investigation actions required
- VI. Legal protections regarding EMS
- a. Responsibility to act
 - i. Assess emergency situations
 - ii. Initiate appropriate EMS within the scope of the officer's training and agency policy
 - iii. Not required to render care when reasonable danger exists
 - b. Immunity from liability
 - i. Emergency rescue personnel qualify for immunity from liability from civil damages
 - ii. To be protected from liability, personnel must:
 - 1. Act within the scope of their employment
 - 2. Act in good faith
 - 3. Provide a standard of care that is within the scope of their training and agency policy
 - c. Negligence

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- i. Peace officers can be held liable if they:
 - 1. Provide care beyond the scope of their training
 - 2. Act in a grossly negligent manner
- ii. Failure to provide care may also lead to liability
- d. Expressed consent
 - i. Peace officers should clearly identify themselves and ask for consent to administer EMS
 - ii. Consent must be obtained before providing care
 - iii. In order to give lawful consent, the ill or injured person must be:
 - 1. Conscious and oriented
 - 2. Mentally competent enough to make rational decisions regarding their well-being
 - 3. 18 years or older, or an emancipated minor
- e. Implied consent
 - i. Legal position that assumes that an unconscious or confused victim would consent to receiving EMS if that person were able to do so
 - ii. Emergency rescue personnel have a responsibility to administer EMS under implied consent whenever a victim is:
 - 1. Unconscious
 - 2. Incapable of giving consent due to a developmental, emotional, mental disability
 - 3. Altered mental state
 - 4. A juvenile
- f. Refusal of care
 - i. A competent and conscious adult has the right to refuse any EMS
 - ii. The refusal must be honored
 - iii. May be required to sign a release
- g. Life-threatening conditions
 - i. May be treated regardless of the victim's conscious condition
 - ii. Do not resuscitate (DNR)
- h. Duty to continue
 - i. Must remain with the victim
 - ii. Until the officer is relieved by:
 - 1. An individual with equal or greater training
 - 2. The scene becomes unsafe
 - 3. The officer is unable to physically continue

VII. Heart Attack and Sudden Cardiac Arrest

- a. Respiratory and circulatory systems
- b. Heart Attack
 - i. Signs and symptoms
 - ii. First aid measures
- c. Chain of survival
 - i. Early recognition and activation of EMS
 - ii. Early CPR with an emphasis on chest compressions
 - iii. Rapid Defibrillation

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- iv. Advanced life support
- v. Integrated post-cardiac arrest area

VIII. Automated External Defibrillator

a. AED

- i. Overview
 - ii. Learning Objectives
 - iii. Principles of Early Defibrillation
 - iv. Structure and Function of AED's
 - v. Inappropriate Shock or Failure to Shock
 - vi. AED Use / Operation / Troubleshooting
 - vii. The Universal AED: Common Steps to Operate All AED's
 - viii. Using an AED on a Child
 - ix. Outcomes and Actions after Shock Delivery
 - x. Integrating CPR and AED Use
 - xi. Lone Rescuer with an AED
 - xii. Special Situations
 - xiii. Use on Infants Less Than 1 Year Old
 - xiv. Hairy Chest
 - xv. Water
 - xvi. Implanted Defibrillators and Pacemakers
 - xvii. Transdermal Medication Patches
- b. **Learning Activity:** Students will participate in a demonstrated skill teach back on the AED.

IX. Communicable Disease Prevention

a. Medical

- i. Chain of Transmission
- ii. Modes of Transmission
- iii. Exposure (including reporting) / Infection

b. Disease Prevention

- i. Universal Precautions
- ii. Body Substance Isolation and Personal Protective Equipment
- iii. Sharps
- iv. Medical Waste
- v. Post-Exposure Procedures
- vi. Documentation

c. Legal

- i. American Disabilities Act
- ii. Legislative Counsel
- iii. On-Duty / Off-Duty
- iv. Ryan White Act

- d. **Learning Activity:** Students will participate in a demonstrated skill teach back on Communicable Disease Prevention.

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- X. Cardiopulmonary Resuscitation (CPR)
 - a. Basic airway management
 - i. Head lift/chin tilt
 - ii. Jaw thrust
 - b. Rescue breathing
 - i. Mouth-to-Mouth
 - ii. Mouth-to-Mask
 - c. Chest compressions and CPR/AED
 - i. Basic AED operation
 - ii. Using the AED
 - iii. Troubleshooting and other considerations
 - d. Single rescuer CPR/AED
 - i. Adult
 - ii. Child
 - iii. Infant
 - e. Two rescuer CPR/AED
 - i. Adult
 - ii. Child
 - iii. Infant
 - f. Recovery position
 - i. Recognize when to utilize the technique
 - ii. Recognize when not to utilize the technique
 - g. Foreign Body Airway Obstruction (conscious and unconscious)
 - i. Relief of Choking in Victims 1 Year of Age and Older
 - ii. Relief of Choking in Infants
 - iii. Relief of Choking for Pregnant Women / Obese Patient
 - h. Special Considerations
 - i. Victim and Rescuer Safety
 - ii. Head, Neck, or Spine Injuries
 - iii. Agonal Gasps
 - iv. Recovery Position
 - i. The Big Picture
 - i. The Chain of Survival
 - ii. Life-Threatening Emergencies
 - j. **Learning Activity:** Students will participate in a demonstrated skill teach back on CPR.

- XI. Patient Assessment for Medical and Trauma Patients
 - a. Performing a Primary Assessment
 - i. Responsiveness
 - ii. Airway
 - iii. Breathing
 - iv. Circulation
 - b. Performing a Secondary Assessment
 - i. Vital signs
 - ii. Head-to-toe assessment

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iii. Patient history

XII. Medical Emergencies

- a. Pain, severe pressure or discomfort in abdomen/chest
 - i. Signs and symptoms
 - ii. First aid measures
- b. Breathing difficulties, including asthma and COPD
- c. Allergic reaction and anaphylaxis
 - i. Epi-pen assist
- d. Altered mental status
- e. Stroke
 - i. Signs and symptoms
 - ii. First aid measures
- f. Diabetic emergencies
 - i. Administration of oral glucose
- g. Seizures
 - i. Signs and symptoms
 - ii. First aid measures
- h. Alcohol and drug emergencies
 - i. Administration of naloxone/Narcan
- i. Severe abdominal pain
 - i. Recognize signs and symptoms
 - ii. First aid measures
- j. **Learning Activity:** Students will participate in a demonstrated skill teach back on the following skills: foreign body obstructions, Narcan administration and Epi-pen assist.

XIII. Burns

- a. Severity
 - i. First degree
 - ii. Second degree
 - iii. Third degree
- b. Types of burns
 - i. Thermal burns
 - ii. Chemical burns
 - iii. Electrical burns

XIV. Facial injuries

- a. Objects in the eye
 - i. First aid measures
- b. Chemical in the eye
 - i. First aid measures
- c. Nosebleed
 - i. First aid measures
- d. Dental emergencies
 - i. First aid measures

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- XV. Environmental emergencies
 - a. Heat emergencies
 - i. Heat cramps
 - ii. Heat exhaustion
 - iii. Heat stroke
 - b. Cold emergencies
 - i. Mild-moderate hypothermia
 - ii. Severe hypothermia
 - iii. Frostnip
 - iv. Frost bite
 - c. Drowning

- XVI. Bites and stings
 - a. Bites and stings
 - i. Animal
 - ii. Insect
 - iii. Human bites

- XVII. Poisoning
 - a. Manner of Exposure
 - i. Ingested poisoning
 - ii. Inhaled poisoning
 - iii. Absorption
 - iv. Injection
 - b. Exposure to chemical, biological, radiological or nuclear (CBRN) substances
 - c. Scene safety
 - d. Poison control system

- XVIII. Psychological / Behavioral Emergencies
 - a. Signs / Symptoms
 - b. Providing care

- XIX. Patient movement
 - a. Emergency movement of patients
 - i. Unable to access
 - ii. Unsafe environment
 - b. Lifts and carries which may include using soft litters and manual extraction
 - i. fore/aft
 - ii. side-by-side
 - iii. shoulder/belt

- XX. Tactical and rescue first aid principles applied to violent circumstances
 - a. Principles of tactical casualty care
 - i. Movement to threat versus casualty care
 - b. Determining treatment priorities

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- i. Immediate
- ii. Delayed
- iii. Minor
- iv. Deceased

XXI. Orientation to the EMS system

- a. 9-1-1 access
 - i. Dispatch
 - ii. First Responder
 - iii. EMS
 - iv. Receiving facility
- b. Interaction with EMS personnel
 - i. Share information
 - ii. Provide assistance
 - iii. Teamwork
- c. Identification of local EMS and trauma systems

XXII. Trauma emergencies

- a. Soft tissue injuries and wounds
 - i. First aid treatment
- b. Amputations and impaled objects
 - i. First aid treatment
- c. Chest and abdominal injuries
 - i. Review of basic treatment for chest wall injuries
 - ii. Application of chest seals
- d. Head, neck or back injury
 - i. First aid treatment
- e. Spinal immobilization / Spinal Restriction
 - i. Manual stabilization of the neck and head
- f. Musculoskeletal trauma and splinting
 - i. Recognize when and how to apply splints
- g. Recognition of signs and symptoms of shock
 - i. Basic treatment of shock
 - ii. Importance of maintaining normal body temperature
- h. Bleeding
 - i. Control of bleeding, including direct pressure, tourniquet, hemostatic dressings, chest seals and dressings
 - ii. 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:
 - 1. 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
 - 2. Types of hemostatic dressings

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- i. **Learning Activity:** Students will participate in a demonstrated skill teach back on the following skills: Patient Assessment – Trauma / Medical; Bleeding Control; and Splints.

XXIII. Complications in childbirth

- a. Excessive bleeding
- b. Transportation considerations
 - i. Immediately transport to nearest medical facility if:
 - 1. Limb presentation
 - 2. Breach presentation (buttocks first)
 - 3. Cord presentation
 - 4. Delayed delivery
 - ii. In preparing for transportation, ensure mother is in the prone knee to chest position
- c. Newborn fails to breathe
 - i. A newborn should begin breathing on its own within 30 seconds after birth
 - ii. If it fails to breathe, rubbing the infant's back or tapping the infant's feet may stimulate spontaneous respiration
 - iii. If the newborn still fails to breathe on its own:
 - 1. Check for a brachial pulse
 - 2. If there is a pulse, begin rescue breathing

XXIV. Final Assessment

- a. Written Exam
 - i. Multiple Choice
 - ii. 80% = Pass
- b. Teach backs
 - i. Assign one topic per team
 - ii. Give the testing parameters and explain expectations
 - 1. 15-minute presentation
 - 2. Cover all key points of the topics
 - 3. Utilize adult learning concepts
 - 4. Involve the students in the presentation
 - 5. Assess students learning
- c. Debrief/Critique
 - i. 5 min max