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
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
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
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.
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
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
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
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
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