

Newport Beach Police Department
First Aid/CPR/AED Refresher Course
Course Control Number: 21797
Revised: June 29, 2021

COURSE HOURS: 4

COURSE PURPOSE: To refresh students' skills, application and knowledge of First Aid, CPR and the operation of the AED as First Responders.

AUDIENCE: Sworn Peace Officers, including Level I and Level II Reserve Officers, Custody Staff and Non-Sworn civilian staff that have contact with the general public.

COURSE OBJECTIVES

Under the supervision of a qualified instructor each student will:

1. Demonstrate the ability to assess the need for and apply new basic First Aid skills that are required as a first responder.
2. Demonstrate the ability to assess the need for and properly apply Cardiopulmonary Resuscitation techniques.
3. Demonstrate the ability to assess the need for and apply an Automatic Electronic Defibrillator (AED) when warranted.
4. Pass a written exam with a score of 70% or higher.

I. Role of the Public Safety First Responder within the EMS system

A. Peace Officer responsibilities

1. Integration with EMS personnel – to include active shooter events
2. Scene safety and security
3. Address the threat, then render aid
4. Activate EMS as needed or render appropriate aid
5. Identification of local EMS and trauma systems

B. Minimum equipment and first aid kits

1. Department/UASI issued IFAK
 - a. Tourniquets/bandages/shears
 - b. Chest seals/gloves

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- c. Inspection and restocking
- 2. Field deployed or station assigned AEDs
- 3. Personal protective equipment
 - a. Gloves
 - b. CPR masks/bags
- 4. Mass casualty kits in supervisor's units

II. Patient Assessment

- A. Primary patient assessment
 - 1. Scene safety/PPE
 - 2. Check responsiveness/tap and shout
 - 3. Unresponsive
 - 4. Activate EMS
 - 5. Check breathing/pulse (no more than 10 second assessment)
 - 6. Responsive
 - 7. Ensure ABCs adequate/check Levels of Consciousness (LOC)
 - 8. Determine chief complaint
 - 9. Move to secondary survey/treatment as needed
- B. Secondary patient assessment (conscious victim/safe scene)
 - 1. Vital signs/general appearance/skin color, temperature, moisture
 - 2. Level of Consciousness – AVPU acronym
 - a. Alert
 - b. Verbal
 - c. Painful
 - d. Unresponsive
 - 3. Head to toe “hands-on” assessment
 - 4. Recognition and Identification of adult v/s pediatric patients for medical and traumatic emergencies
 - 5. Patient history – **SAMPLE** acronym
 - a. **S**igns/symptoms
 - b. **A**llergies
 - c. **M**edications
 - d. **P**ast medical history
 - e. **L**ast oral intake
 - f. **E**vent leading up to illness/injury

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- C. Multiple-Victim Assessment – Tactical Casualty care
 - 1. Discuss Mass Casualty Incidents (MCI)
 - 2. Declaration by first responders as MCI
 - 3. Needed when number of victims overwhelms resources
 - 4. Determine treatment priorities (AKA Triage)
 - 5. Determine what resources should be given to which patient
 - 6. **RPM** acronym
 - a. Check **Respiration** >30<8 = immediate care
 - b. Check **Pulse**, capillary refill >2 seconds = immediate care
 - c. Check **Mentation**, doesn't follow simple commands = immediate care
 - 7. Determine which patients are in most immediate danger and seem salvageable

III. AED use for Heart Attack/Sudden Cardiac Arrest

- A. Follow current American Heart Association (AHA) Guidelines
 - 1. Early defibrillation survival chances
 - 2. Maintenance – checking issued equipment to include troubleshooting and other considerations
- B. Rescue breathing
 - 1. Mouth-to-mouth
 - 2. Mouth-to-mask
 - 3. Bag Valve Mask (BVM)
- C. AED
 - 1. Basic AED operation
 - 2. Using the AED
 - 3. Troubleshooting or other considerations
- D. Care for heart attack
 - 1. Activate EMS
 - 2. Obtain AED for early defibrillation
 - 3. Position of comfort/assist with nitro as prescribed
 - 4. Treat for shock
- E. Sudden Cardiac Arrest
 - 1. Signs/symptoms
 - 2. Activate EMS
 - 3. Obtain AED for early defibrillation

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4. Begin CPR
5. Support chain of survival
 - a. Immediate recognition of cardiac arrest and activation of the emergency response system
 - b. Early CPR with an emphasis on chest compressions
 - c. Rapid defibrillation with an AED
 - d. Effective advanced life support
 - e. Multidisciplinary post-cardiac arrest care
- F. Cardiopulmonary Resuscitation (CPR) coordinated with AED
 1. Adult Rescue Breathing/CPR
 - a. Rescue breathing, 1 breath each 5 seconds (w/ CPR mask)
 - b. CPR 30 compressions, 2 breaths (one or two rescuers)
 - c. Depth 2-2.4 inches (with heel of two hands)
 - d. Rate 100-120 compression/minutes
 2. Child Rescue Breathing/CPR
 - a. Rescue breathing, 1 breath each 3 seconds (w/ CPR mask)
 - b. CPR 30 compressions, 2 breaths (one rescuer)
 - c. CPR 15 compressions, 2 breaths (two rescuers)
 - d. Depth approximately 2 inches (heel of one or two hands)
 - e. Rate 100-120 compression/minute
 3. Infant Rescue Breathing/CPR
 - a. Rescue breathing 1 “puff” each 3 seconds (w/ CPR mask)
 - b. CPR 30 compressions, 2 “puffs” or air (one rescuer)
 - c. CPR 15 compressions, 2 “puffs” of air (two rescuer)
 - d. Tips of two fingers width below nipple line
 - e. Depth ½ to 1 inch
- G. Recovery position
 1. Position of Recovery refers to a prone position of the body, in to which an unconscious but breathing casualty can be placed as part of first aid treatment
 - a. Continue to monitor patient
 - b. Relay all treatment given to EMS personnel

IV. Medical Emergencies

A. Respiratory Emergencies

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1. Breathing Patients
2. COPD Patients
 - a. Asthma, acute loss of airway
 - b. Assist with prescribed inhaler
 - c. Monitor ABCs and treat for shock
- B. Allergic Reaction (Anaphylaxis)
 1. Assist with prescribed auto-inject epinephrine
 2. Monitor ABCs and treat for shock
- C. Diabetic emergencies
 1. Insulin vs. Diabetic Coma
 2. Signs and symptoms
 3. Give victim oral glucose substances
 4. Monitor ABCs and treat for shock
- D. Alcohol and drug emergencies
 1. Assisted Naloxone/Narcan
 2. Administration vs. assisted
 - a. Administration only authorized by LEMSA
 - b. See additional information in Section XII
 3. Accessing EMS
 4. LEMSA authority and directions
- E. Facial Injuries
 1. Objects in the eye
 - a. Identification
 - b. Initial considerations
 - c. Treatment
 2. Impaled objects
 - a. Immobilize with bulky dressing
 - b. Cover both eyes
 3. Lacerations/abrasions of the eye
 - a. Cover eye
 - b. Minimize eyes movement
 4. Chemical in eye(s)
 - a. Flush with water for 15-20 minutes
 - b. Seek medical evaluation
 5. Nosebleeds

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- a. Pressure to bridge of nose
 - b. Lean patient forward and manage airway
 - 6. Dental emergencies
 - a. Avulsed or displaced tooth
 - b. Place in sterile water, milk or victim's saliva and transport with them
- F. Burns
 - 1. Identification
 - 2. Treatment
- G. Management of foreign body airway obstruction
 - 1. Adults
 - 2. Children
 - 3. Infants
 - 4. Conscious vs Unconscious patients

V. Altered Mental Status –

- A. Identify signs and symptoms of psychological emergencies
 - 1. Crying/extreme withdrawal from outside contact
 - 2. Agitated or aggressive behavior
 - 3. Unusual outbursts or disorientation
 - 4. Abnormal behavior or demeanor
 - 5. Paranoia
 - 6. Delusions/hallucinations
- B. Causes
 - 1. Trauma, Shock
 - 2. Medical
 - 3. Psychological
 - 4. Drugs, alcohol

VI. Environmental Emergencies

- A. Drowning
 - 1. Move victim safely onto land or stable platform (boat)
 - 2. Assess victim
 - 3. Treat with rescue breathing/CPR as needed

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- B. Animal or human bites
 - 1. Control bleeding
 - 2. Cleanse wound
 - 3. Clean dressing
- C. Venomous snake bites
 - 1. Calm victim
 - 2. Immobilize injury site
 - 3. Keep bite area lower than heart
 - 4. Seek medical/EMS care
- D. Insect bites and stings
 - 1. Concern for anaphylaxis
 - 2. Loss of airway
 - 3. Assist with prescribed auto-inject epinephrine
- E. Poisoning – Ingested or Inhaled
 - 1. Recognition of exposure to CBRN agents
 - 2. Scene safety – assess patient
 - 3. Determine source of poison/agent
 - 4. Poison control system notification and advice

VII. Patient Movement

- A. Emergency movement
 - 1. Move only when there is imminent danger
 - 2. Active shooter
 - 3. Fire or other hazard to victim or rescuers
- B. Move to safe zone
 - 1. Triage/treatment area/Casualty Collection Point (CCP)
 - 2. Cold Zone vs. Warm Zone
- C. Spinal Immobilization Techniques
 - 1. C-Collar is now contraindicated in 2015 guidelines
- D. General Guidelines
 - 1. Plan ahead
 - 2. Reassure victim
 - 3. Victim stability
- E. Lifts and carries, including:
 - 1. Shoulder drag

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2. Soft litters
3. Manual extractions
4. Fore/aft carry – AKA trunk-leg carry
5. Side by side carries – AKA two-handed seat
6. Shoulder belt

VIII. Tactical and Rescue First Aid Principles Applied to Violent Circumstances

- A. Principles of Tactical Emergency Casualty Care: Integration of EMS personnel (AB 1598). Immediate notification to the EMS system for deployment and assistance
 1. Identification of life threatening emergencies
 2. Treatment of life threatening emergencies
- B. Determining Treatment Priorities
 1. Assessing injuries for order of severity
 2. Management of first aid resources/devices on hand
 3. URASI Protocols for active shooter incident
 4. Plan for movement of victims to safe triage area or:
 5. Force protection of EMS resources to CCP

IX. Trauma Emergencies

- A. Soft tissue injuries
 1. Classification
 - a. Acute injuries
 - b. Overuse
 2. Signs and symptoms
 - a. Sprains
 - b. Strains
 - c. Contusions
 3. Management and treatment
- B. Amputations
 1. Identification, initial considerations and treatment
 - a. Control bleeding (tourniquet)
 - b. Pack amputated part in clean dressing and keep cool
 - c. Transport amputated part with victim

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- C. Impaled objects
 - 1. Stabilize object, do not remove
 - 2. Notify EMS, transport
- D. Chest injuries – closed chest injury
 - 1. Assessment
 - a. May have fractures
 - b. Flail segment
 - c. Compromised breathing
 - 2. Treatment
 - a. Place victim on injured side or provide support to flail segment
 - b. Monitor ABCs
 - c. Treat for shock
- E. Chest Trauma – Open or penetrating chest injury
 - 1. Assessment
 - a. Open or penetrating chest injury
 - b. “Sucking chest wound” or Tension Pneumothorax
 - 2. Treatment
 - a. Application of chest seal(s) over penetration/puncture
 - 1) Visualize wound site
 - 2) Clean area
 - 3) Apply seal (IFAK)
 - 4) Check respiration
 - 3. Place on injured side
 - 4. Monitor ABCs
 - 5. Treat for shock
- F. Abdominal Injuries
 - 1. Closed – signs/symptoms, internal bleeding concerns, organ damage
 - 2. Open – control bleeding with pressure
 - 3. Eviscerations
 - a. Exposed abdominal contents/organs
 - b. Apply moist sterile dressing
 - c. Cover with airtight bandage
 - 4. Monitor ABCs
 - 5. Treat for shock
- G. Bleeding Control

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1. Direct pressure over injury to soft tissue (use PPE)
 2. Pressure and dressing bandage
 3. Tourniquet device
 - a. Issued with Department IFAK
 - b. Improvised devices
 4. Hemostatic dressings (wound packing)
 - a. Use only EMSA approved dressing
 - 1) QuikClot Combat Gauze
 - 2) HemCon ChitoFlex PRO Dressing
 - 3) Celox Gauze
 - b. Demonstrate the proper application of the hemostatic dressings
 5. Types of chest seals and dressings issued
 - a. OLAES bandages (6 inch and 4 inch)
 - b. HyFin Vent chest seals (twin pack) or equivalent
 - c. These are the only items in IFAK with an expiration date
- H. CPR (Refer to Section V)
1. BLS CPR Continues to provide effective rescue breathing and compressions
 2. EMSA 2015 added application of AED
 3. Goal to deliver high-quality CPR

X. Legal Issues

- A. Authorized Skills
- B. Liability Limitations

XI. Local Emergency Medical Service Authority

- A. California EMSA (Cal-EMSA) vs. Local EMSA (Orange County)
 1. Cal-EMSA covers California
 2. Orange County EMSA one of 33 local EMSA agencies in State
- B. Authority of State to set minimum standards
 1. Title 22, Section 100023
 2. POST Standards include changes effective April 1, 2015
- C. Authority of Local EMSA (LEMSA)
 1. Authorized to set local standards and optional skill sets

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- 2. Authorize peace officers to use skills
- D. Medical Director of Local EMSA
 - 1. Sets training standards
 - 2. Approves applications
- E. Optional Skills may include:
 - 1. Administration of epinephrine by auto-injector
 - 2. Supplemental oxygen therapy
 - 3. Administration of atropine and pralidoxime chloride
 - 4. Administration of Naloxone/Narcan
 - 5. Use of oropharyngeal and nasopharyngeal airway
 - 6. These MUST be requested by the agency head and authorized by LEMSA approved for training and deployment

XII. Exercises, Tests and Learning Activities

- A. Students will demonstrate competency, as directed by the instructors, in the following Skills Expertise Test Form, which minimally meets current American Heart Association (AHA) standards:
 - 1. Assesses the victim
 - 2. Activates emergency response system (EMS)
 - 3. Checks for pulse
 - 4. Delivery of high quality CPR
 - 5. Provides effective rescue breaths
 - 6. AED deployment and operation
- B. Students will participate in learning activities, as directed by the instructors, which minimally include:
 - 1. Primary victim assessment
 - 2. Techniques for controlling bleeding to include, direct pressure, pressure bandages, tourniquets, hemostatic dressings approved by EMSA
 - a. Students must demonstrate competency with tourniquets and approved hemostatic dressings; (QuikClot Combat Gauze, HemCon ChitoFlex PRO Dressing and Celox Gauze)
 - 3. Use of PPE
 - 4. Emergency movement of victim

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XIII. Course Conclusion

- A. Students will take a multiple choice written course test and have to pass a hands on skills demonstration test
 - 1. Students must pass the written test with a score of 70% or higher
 - 2. Students must complete and show competency in all of the skills taught
 - 3. Students who do not pass will be provided an opportunity for remediation
- B. Course closing
 - 1. Students will complete course evaluations
 - 2. Students passing all skills and written testing will be provided POST Certificate and 4 hours CPT credit.