

ECO: First Aid/CPR Update Course (21797)
Presenter: Turlock Police Department (2870)

- I. **Class Overview & administrative issues**
 - A. Administrative issues/registration/safety policy
 - B. Instructor introductions
 - C. Course description
 - 1. Time allocations
 - 2. Course structure
 - a. Course requirements for successful completion
 - 1) Skills demonstrations
 - 2) Written examination of cognitive skills
- II. **Students Testing of Basic Life Support Skills and Retention of Training Received Prior to April 1, 2017**
 - A. Course Pre-requisite
 - 1. All previously trained students
 - 2. Completed Basic Course, Learning Domain #34 – First Aid and CPR
 - 3. And/or recently completed required Continuing Professional Training of First Aid/CPR course
 - B. Written Assessment of Basic Life Support (BLS)
 - C. Practical Application Assessment will be conducted by oral quizzes and skills observations
 - D. Note: BLS cognitive knowledge and manipulative skills will be tested to determine if the students retained the required BLS training. This testing will evaluate all statutory training required prior to EMSA Title 22 standards effective April 1, 2017. Student’s deficiencies will be re-trained during portions of the total course. Only identified needs will be addressed during the classroom portion of the training course. The following issues will be assessed and addressed if identified by the testing process:
 - 1. Identification of peace officers’ response as EMS first responders
 - 2. Infectious disease control and chain of transmission
 - 3. Personal Protective Equipment
 - 4. Legal Issues
 - a. Identifying conditions under which a peace officer is protected from liability
 - b. Agency-established standards
 - 5. Primary victim assessment
 - 6. Secondary victim assessment
 - 7. Obtain a patient history

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8. Prioritizing when assessing multiple victims
9. Victim movement
10. Cardiopulmonary Resuscitation (CPR) for:
 - a. Adults
 - b. Children
 - c. Infants
11. Victim airway opening or maintenance
 - a. Conscious
 - b. Unconscious
12. Rescue breathing
 - a. Mouth-to-mouth
 - b. Pocket masks
 - c. Bag valve mask
13. Bleeding Control Techniques
 - a. Direct pressure
 - b. Tourniquets, improvised
14. Head, neck, and back Injuries
15. Open and closed injuries to:
 - a. Chest
 - b. Abdomen
16. Skeletal, bone, and joint injuries
17. Spinal column injuries
18. Fractures/dislocations
19. Splinting techniques
20. First Aid measurements for:
 - a. Thermal burns
 - b. Chemical burns
 - c. Electrical burns
 - d. Radiation burns
21. Recognize indicators and first aid measures for victims experiencing:
 - a. Cardiac emergency
 - b. Respiratory emergency
 - c. Seizure
 - d. Stroke

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- e. Diabetic emergencies
 - f. Alcohol and Drug emergencies
 - g. Poisoning
 - h. Hypothermia and frostbite
 - i. Heat-related emergencies
 - j. Stings and bites
22. Emergency childbirth
- III. Role of the public safety first aid provider**
- A. Orientation to the EMS system
 - 1. 9-1-1 access
 - 2. Interaction with EMS personnel
 - 3. Identification of local EMS and trauma systems
 - B. Minimum equipment in first aid kits
 - 1. Issued equipment
 - 2. EMSA recommended equipment
- IV. Assessment and patient history**
- A. Primary assessment
 - 1. Scene safety/PPE
 - 2. Check responsiveness
 - 3. Unresponsive patient
 - a. Activate EMS
 - b. Check breathing/pulse
 - 4. Responsive patient
 - a. Ensure ABCs adequate
 - b. Check Levels of Consciousness (LOC)
 - c. Determine chief complaint
 - d. Managing shock
 - 5. Move toward secondary assessment/treatment
 - B. Secondary assessment (conscious patient & safe scene)
 - 1. Vital signs, general appearance, skin color, temp., moisture
 - 2. LOC—AVPU
 - a. Alert
 - b. Verbal
 - c. Painful
 - d. Unresponsive
 - 3. Head to toe assessment—palpate
 - C. Obtaining patient history—SAMPLE
 - 1. Signs/symptoms
 - 2. Allergies
 - 3. Medications
 - 4. Last oral intake
 - 5. Event leading up to present illness/injury

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V. First Aid

- A. Soft tissue injuries and wounds
 - 1. Control of minor bleeding
 - 2. Internal bleeding
 - 3. Amputation
 - 4. Impaled object
 - 5. Open chest injury
 - 6. Open abdominal injury
- B. Head, neck, or back injury
 - 1. Spinal immobilization
- C. Facial injuries
 - 1. Impaled object in the eye
 - 2. Lacerations and abrasions of the eye
 - 3. Chemicals in the eye
 - 4. Nosebleed
 - 5. Dental emergencies
- D. Altered mental status
- E. Diabetic emergencies
 - 1. Administration of oral glucose
- F. Breathing difficulty and shortness of breath
 - 1. Asthma
 - 2. COPD
- G. Bites and stings
 - 1. Snakebites
 - 2. Spider bites
 - 3. Stinging insects
 - 4. Tick bites
- H. Allergic reactions
 - 1. Epinephrine auto-injector awareness
- I. Skeletal injuries
 - 1. Splinting
- J. Environmental emergencies
 - 1. Drowning

VI. Hazardous material exposure and poisoning

- A. Exposure to chemical, biological, radiological, nuclear, or explosive (CBRNE) substances
 - 1. Recognition of CBRNE incident
 - a. CBRNE vs. Hazmat incidents
 - 2. Indicators of nerve agents
 - a. SLUDGEM
 - 3. CBRNE response
 - 4. Scene safety
- B. Poisoning incidents
 - 1. Poison control system

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- a. How to contact poison control
- VII. Psychological emergencies**
 - A. Altered mental state
 - 1. Causes
 - 2. Special considerations
 - B. Police response
 - C. Responder observations
 - D. Responder actions
 - 1. Appropriate restraint
- VIII. Stop the bleed and Tourniquet application**
 - A. Control of bleeding
 - 1. Direct pressure
 - 2. Tourniquet
 - 3. Hemostatic dressings
 - a. Hemostatic dressing application and wound packing exercise
 - 4. Chest seals and dressings
 - a. Chest seal application demonstration
- IX. Patient movement**
 - A. Emergency movement of patients
 - 1. When to move
 - B. Spinal Immobilization techniques
 - C. Lifts and carries
 - 1. Review of active shooter training lifts, carries, and drags
 - D. Recovery position
- X. Multiple victim assessment—Tactical Casualty Care (TCC)**
 - A. Discussion of Mass Casualty Incidents (MCIs)
 - B. Declaration of MCI by first responders
 - C. Necessary when number of patients exceeds resources
 - D. Determine treatment priorities (triage)
 - E. Determine what resources should be given to which patient
 - F. Evaluation of patients—RPM
 - 1. Respiration: >30 or <8 per minute = immediate
 - 2. Pulse: capillary refill >2 seconds = immediate
 - 3. Mentation (mental state): unable to follow simple commands = immediate
 - G. Determine which patients are in most immediate danger and seem treatable
- XI. Tactical and rescue first aid principles applied to violent circumstances**
 - A. Integration of EMS personnel to include active shooter incidents
 - 1. Hot, warm, and cold zones
 - B. Principles of tactical casualty care
 - C. Determining treatment priorities
- XII. Legal issues**
 - A. Good Samaritan law
 - B. Working within scope of training

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XIII. Safety protocols

- A. Exposure prevention
 - 1. Universal precautions
 - 2. Personal protective equipment
 - a. Removal of contaminated gloves
 - 3. Biohazard and sharps disposal
 - 4. Decontamination
 - 5. Exposure reporting

XIV. CPR & AED for adults, children, and infants (AHS BLS course outline)

- A. 1-rescuer adult BLS
 - 1. Adult chain of survival
 - 2. Scene safety and assessment
 - 3. Adult compressions
 - 4. Pocket mask
 - 5. 1-rescuer adult CPR student practice
- B. AED and bag-valve-mask (BVM)
 - 1. AED
 - 2. BVM
- C. 2-rescuer adult BLS
 - 1. 2-rescuer adult CPR student practice
 - 2. Adult CPR/AED skills test
- D. Team Dynamics
 - 1. Team dynamics
 - 2. Successful resuscitation teams
 - 3. High performance team activity
- E. Child BLS
 - 1. Pediatric chain of survival
 - 2. Child BLS
 - 3. 2-rescuer child CPR student practice
- F. Infant BLS
 - 1. Infant BLS
 - 2. Infant compressions
 - 3. BVM for infants
 - 4. 2-rescuer infant CPR
 - 5. Infant CPR skills test
 - 6. AED for infants and children less than 8 years of age
- G. Special considerations
 - 1. Mouth-to-mouth breaths
 - 2. Rescue breathing
 - 3. Breaths with advanced airway
 - 4. Opioid-associated life-threatening emergency
- H. Adult and child choking
 - 1. Relief of choking in a responsive adult or child

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- 2. Relief of choking in a unresponsive adult or child
- I. Infant Choking
 - 1. Relief of choking in a responsive infant
 - 2. Relief of choking in a unresponsive infant
- XV. Course closing**
 - A. Questions and discussion
 - B. Post-test

This Expand Course Outline document is founded on California Emergency Medical Services Authority (EMSA) revised California Code of Regulations, Division 9, Title 22, Chapter 1.5 First Aid Standards for Public Safety Personnel effective April 1, 2015: CA POST Bulletin 2015-31; the referenced "Required Minimum Content for POST-certified First Aid/CPR Update #21798; the POST Basic Course Training and Testing Specifications for Learning Domain #34 – First Aid and CPR dated February 1, 2017; plus reference materials contained in the unpublished DRAFT Basic Course Workbook Series, Student Materials, Learning Domain 34, First Aid, CPR, and AED, Version 6.0, Revised February 2017.

Portions of these materials were created by Training Alliance for Public Safety, Inc. (TAPS), the American Heart Association (AHS), and the American Health and Safety Institute (AHSI).