

§ ~~100018~~ ~~100016~~ 100017. Scope of Course Public Safety First Aid and CPR
Course Content.

(a) The initial course of instruction shall at a minimum consist of not less than ~~fifteen (15) hours in first aid and six (6) hours in cardiopulmonary resuscitation~~ twenty-one (21) hours in first aid and CPR.

(b) The course of instruction shall include, but need not be limited to, the following scope of courses as described in (c) below, which shall prepare personnel specified in Section ~~100016~~ ~~100013~~ 100014 of this Chapter to recognize the injury or illness of the individual and render assistance:.

(c) The content of the training course shall include recognition and basic first aid level treatment of at least the following topics and shall be ~~skill-oriented~~ competency based:

~~(1) Emergency action principles which describe the basic problems of decision making in first aid;~~ Role of the **P**ublic **S**safety **F**irst **A**aid provider;

(A) Personal safety;

(i) Scene size-up.

(B) Body substance isolation, including removing contaminated gloves;

(C) Legal considerations;

(D) Emergency Medical Services (EMS) access;

(E) Integration with EMS personnel to include active shooter incidents;

(F) Minimum equipment and **F**irst **A**aid kits;.

(2) Heart attack and sudden cardiac arrest;

(A) Respiratory and circulatory systems;

(B) Heart attack;

(C) Sudden cardiac arrest and early defibrillation;

(D) Chain of survival;.

(3) CPR and AED for adults, children, and infants, following ~~current~~ the 2010 current AHA ECC Guidelines at the Healthcare provider level or **BLS for Prehospital**

Providers level, not inclusive of AED training;

(A) Basic airway management;

~~(B) Use of nasopharyngeal (nasal) airways (NPAs);~~

~~(i) Insertion and assessment of placement;~~

~~(ii) Indications and contraindications;~~

~~(C) Rescue breathing;~~

~~(i) Mouth-to-mouth;~~

~~(ii) Mouth-to-mask;~~

~~(iii) Bag-valve-mask (BVM).~~

~~(D) Chest compressions and CPR/AED;~~

(i) Basic AED operation;

(ii) Using the AED;

(iii) Troubleshooting and other considerations;.

~~(E) Single rescuer CPR/AED on adult, child and infant;~~

~~(F) Two rescuer CPR/AED on adult, child and infant;~~

~~(G) Recovery position;.~~

(4) Management of foreign body airway obstruction on adults, children, and infants;

- (A) Conscious patients;
- (B) Unconscious patients;
- (5) Examination and assessment of Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies;
- (A) Performing a primary assessment;
- (B) Performing physical a secondary assessment;
- (C) Obtaining a patient history;
- (6) Medical Eemergencies;
- (A) Pain, severe pressure, or discomfort in chest;
- (B) Breathing difficulties, including asthma and COPD;
- (C) Allergic reactions and anaphylaxis;
- (D) Altered mental status;
- (E) Stroke;
- (F) Diabetic emergencies;
- (i) Administration of oral glucose.
- (G) Seizures;
- (H) Alcohol and drug emergencies;
- (i) Assisted naloxone administration and accessing EMS.
- (I) Severe abdominal pain;
- (J) Obstetrical emergencies;
- ~~(K) Sudden Infant Death Syndrome (SIDS);~~
- (7) Burns;
- (A) Thermal burns;
- (B) Chemical burns;
- (C) Electrical burns;
- (8) Facial Iinjuries;
- (A) Objects in the eye;
- (B) Chemical in the eye;
- (C) Nosebleed;
- (D) Dental emergencies;
- (9) Environmental Eemergencies;
- (A) Heat emergencies;
- (B) Cold emergencies;
- (C) Drowning;
- (10) Bites and Sstings;
- (A) Insect bites and stings;
- (B) Animal and human bites;
- (C) Assisted administration of epinephrine auto-injector and accessing EMS.
- (11) Poisoning;
- (A) Ingested poisoning;
- (B) Inhaled poisoning;
- (C) Exposure to chemical, biological, or radiological, or nuclear (CBRN) substances;
- (i) Recognition of exposure;
- (ii) Scene safety;
- (D) Poison control system;
- (12) Management Identify signs and symptoms of Ppsychological Eemergencies;

(13) Patient **M**ovement;

(A) Emergency movement of patients;

(B) Lifts and carries which may include: using soft litters and manual extractions including fore/aft, side-by-side, shoulder/belt.

~~(C) Extrication and movement of patients using soft litters and manual extractions including fore/aft, side-by-side, shoulder/belt.~~

(14) Tactical and **R**escue **F**irst **A**id **P**principles **A**ppplied to **S**pecial **V**iolent **C**ircumstances;

(A) Principles of tactical ~~emergency~~ casualty care;

(i) Determining treatment priorities.

~~(B) Extrication and movement of patients using soft litters and manual extractions including fore/aft, side-by-side, shoulder/belt;~~

~~(C) Basic airway management;~~

~~(D) Medical threat assessment and planning;~~

~~(E) Integration between EMS and law enforcement for active shooter incidents;~~

(15) Orientation to the EMS **S**ystem, including:

(A) 9-1-1 access;

(B) Interaction with EMS personnel;

(C) ~~Orientation to~~ Identification of local EMS and trauma systems.

(16) Trauma **E**mergencies;

(A) Soft tissue injuries and wounds;

(B) Amputations and impaled objects;

(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;

(E) Spinal immobilization;

(F) Musculoskeletal trauma and splinting;

(G) Recognition of signs and symptoms of shock;

(i) Basic treatment of shock;

(ii) Importance of maintaining normal body temperature;

(H) Internal bleeding;

(I) Control of bleeding, including direct pressure, tourniquet, hemostatic ~~D~~dressings, chest seals and dressings;

(i) Training in the use of hemostatic dressings shall ~~consist of not less than one (1) hour~~ resulting in competency in the application of hemostatic dressings. 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 dressings and wound packing;

~~(2.)~~ Types of hemostatic dressings.

(2) First aid for medical emergencies, including sudden illnesses;

(3) Cardiac and respiratory emergencies, including cardiac and/or respiratory failures in victims of all ages;

(4) First aid for traumatic injuries including wounds, and life threatening bleeding;

- (5) First aid for specific injuries, including care for specific injuries to different parts of the body;
- (6) Bandaging, including materials and guidelines used in bandaging;
- (7) First aid for environmental emergencies including burns, heat and chemical burns, electrical emergencies and exposure to radiation, or climatic changes;
- (8) First aid for injuries to bones, muscles, and joints;
- (9) Emergency rescue and transfer;
- (10) First aid for obstetrical emergencies.

Note: Authority cited: Section 1797.107 and 1797.193, Health and Safety Code.

Reference: Sections 1797.176, 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100019. Required Topics.

The content of the training course shall include at least the following topics and shall be skill-oriented:

- (a) Examination and assessment of the victim;
- (b) Orientation to the EMS system;
- (c) Suspected heart attack or stroke;
- (d) Fainting, convulsions, and/or suspected drug abuse;
- (e) Heat exhaustion, heat stroke, hypothermia and frost bite;
- (f) Mouth to mouth breathing and care for choking victims whether conscious or unconscious;
- (g) Types of wounds and control of bleeding;
- (h) Shock, and its causes, infection and closed wounds;
- (i) Eye, face, scalp, jaw and ear injuries;
- (j) Injuries of the head, neck, back, trunk, arms and legs;
- (k) Exposure to toxic substances;
- (l) Bites and stings by snakes, marine life and insects;
- (m) Bandaging techniques, first aid kits and supplies;
- (n) Determination of the severity of burns, including first, second, and third degree burns;
- (o) Fractures, both open and closed, splinting, and care for fractures, sprains, strains and dislocated joints;
- (p) Techniques of cardiopulmonary resuscitation; and
- (q) Obstetrical emergencies.

Note: Authority cited: Section: 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100017 100018. Scope of Practice Authorized Skills for Public Safety First Aid Providers

(a) A Public Safety First Aid provider during training, or while at the scene of an emergency, after completion of training and demonstration of competency to the satisfaction of the approved training provider for each skill listed in this section, is authorized to perform medical care while at the scene of an emergency including, but not limited to, CPR and AED and may do any of the following:

- (1) Evaluate the ill and injured;

- (2) Provide treatment for shock.
- (3) Use the following techniques to support airway and breathing:
- (A) Manual airway opening methods, including head-tilt chin-lift and/ or jaw thrust;
- (B) Manual methods to remove an airway obstruction in adults, children, and infants;
- ~~(C) Use nasopharyngeal (nasal) airways (NPAs);~~
- (D) Use the recovery position.
- (4) Use Perform the following during emergency care:
- (A) Spinal immobilization;
- (B) Splinting of extremities;
- (C) Emergency eye irrigation using water or normal saline;
- (D) Assist with administration of oral glucose;
- (E) Assist patients with administration of physician-prescribed epinephrine devices and naloxone;
- (F) Assist in emergency childbirth;
- (G) Hemorrhage control using direct pressure, pressure bandages, principles of pressure points, and tourniquets. Hemostatic dressings and wound packing **may be used** when approved by the LEMSA Medical Director and from the list approved by the EMS Authority;
- (H) Chest seals and dressings;
- (I) Simple decontamination techniques and use of decontamination equipment;
- (J) Care for amputated body parts;
- (K) Provide basic wound care.
- (b) The ~~scope of practice~~ authorized skills of a **Public Safety First Aid** provider shall not exceed those activities authorized in this section.
- Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.176, 1797.182, 1797.183, **1797.197**, 1797.220 and 1798, Health and Safety Code; and Section 13518, Penal Code.

§ ~~40020 40018~~ 100019. Optional Skills.

- (a) In addition to the activities authorized by Section ~~40019 40017~~ 100018 of this Chapter, public safety personnel may perform any or all of the following optional skills specified in this section when the public safety first aid provider has been trained and tested to demonstrate competence following initial instruction, and when authorized by the Medical Director of the **local EMS agency (LEMSA)**.
- (b) A LEMSA shall establish policies and procedures that require public safety first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by EMSQIP. AED when authorized by a public safety AED service provider.
- (c) Administration of epinephrine by auto-injector for suspected anaphylaxis.
- (1) Training in the administration of epinephrine shall ~~consist of no less than two (2) hours to~~ result in the public safety first aid provider being competent in the administration of epinephrine and managing a patient of a suspected anaphylactic reaction. ~~Included in the training hours listed above shall be~~ The training shall include the following topics and skills:
- (A) Common causative agents;

(B) Signs and symptoms of anaphylaxis;

(C) Assessment findings;

(D) Management to include but not be limited to:

(E1.) Need for appropriate personal protective equipment and scene safety awareness;

(FE) Profile of epinephrine to include, but not be limited to:

1. Class;

2. Mechanisms of drug action;

3. Indications;

4. Contraindications;

5. Dosage and route of administration;

6. Side/ adverse effects;

(GF) Administration of epinephrine by auto-injector including;

1. Site selection and administration;

2. Medical asepsis;

3. Disposal of contaminated items and sharps.

(2) At the completion of this training, the student shall complete a competency based written and skills examination for administration of epinephrine which shall include:

(A) Assessment of when to administer epinephrine;

(B) Managing a patient before and after administering epinephrine;

(C) Accessing 9-1-1 or advanced life support services for all patients suffering anaphylaxis or receiving epinephrine administration;

(D) Using universal precautions and body substance isolation procedures during medication administration;

(E) Demonstrating aseptic technique during medication administration;

(F) Demonstrate preparation and administration of epinephrine by auto-injector;

(G) Proper disposal of contaminated items and sharps.

(d) Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula, and bag-valve-mask ventilation.

(1) Training in the administration of oxygen shall ~~consist of no less than two (2) hours to~~ result in the public safety first aid provider being competent in the administration of supplemental oxygen and use of bag-valve-mask ventilation for a patient requiring oxygen administration and ventilation. ~~Included in the training hours listed above shall be~~ The training shall include the following topics and skills:

(A) Integrating the use of supplemental oxygen by non-rebreather mask or nasal cannula based upon local EMS protocols;

(B) Assessment and management of patients with respiratory distress;

(C) Profile of Oxygen to include, but not be limited to:

1. Class;

2. Mechanism of Action;

3. Indications;

4. Contraindications;

5. Dosage and route of administration (mask, cannula, bag-valve-mask);

6. Side/ adverse effects;

(D) Oxygen Delivery Systems;

1. Set up of oxygen delivery including tank opening, use of regulator and liter flow selection;

2. Percent of relative oxygen delivered by type of mask;

3. Oxygen delivery for a breathing patient, including non-rebreather mask and nasal cannula;

4. Bag-Valve-Mask and Oxygen delivery for a non-breathing patient;

(E) Safety precautions.

(2) At the completion of the training, the student shall complete a competency based written and skills examination for the administration of oxygen which shall include the topics listed above and:

(A) Assessment of when to administer supplemental oxygen and ventilation with a bag-valve-mask;

(B) Managing a patient before and after oxygen administration;

(C) Demonstrating preparation of the oxygen delivery system;

(D) Demonstrating application of supplemental oxygen by non-rebreather mask and nasal cannula on a breathing patient;

(E) Demonstrating use of bag-valve-mask on a non-breathing patient.

(e) Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care, when authorized by the ~~m~~Medical ~~d~~Director of a LEMSA ~~or the Authority~~, while working for a public safety provider.

(1) Training in the administration of auto-injectors containing atropine and pralidoxime shall ~~consist of no less than two (2) hours, to result in the public safety first aid provider being competent in the administration of auto-injectors for nerve agent~~

~~intoxication. Included in the training hours listed above shall be~~ The training shall include the following topics and skills:

(A) Integrating the use of auto-injectors for nerve agent intoxication based upon local EMS protocols;

(B) Assessment and recognition of patients with nerve agent intoxication;

(C) Management of patients with nerve agent exposure, including the need for appropriate personal protective equipment, decontamination principles, and scene safety awareness;

(D) Profile of atropine and pralidoxime chloride to include, but not be limited to:

1. Class;

2. Mechanism of action;

3. Indications;

4. Contraindications;

5. Dosage and route of administration;

6. Side/ adverse effects;

(E) Auto-Injector delivery and types (i.e. Duo-Dote, Mark I);

1. Medical asepsis;

2. Site selection and administration;

3. Disposal of contaminated items and sharps;

4. Safety precautions.

(2) At the completion of the training, the student shall complete a competency based written and skills examination for the administration of auto-injectors containing atropine

and pralidoxime chloride for nerve agent intoxication which shall include the topics listed above and:

(A) Assessment of when to administer nerve agent auto-injector;

(B) Managing a patient before and after auto-injector administration;

(C) Accessing 9-1-1 or advanced life support services following administration of atropine and pralidoxime.;

(D) Demonstrating preparation, site selection, and administration of the auto-injector;

(E) Demonstrating universal precautions and body substance isolation procedure during medication administration;

(F) Demonstrating aseptic technique during medication administration;

(G) Proper disposal of contaminated items and sharps.

(f) Administration of naloxone for suspected narcotic overdose.

(1) Training in the administration of naloxone shall ~~consist of no less than two (2) hours to~~ result in the public safety first aid provider being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose.

~~Included in the training hours listed above shall be~~ The training shall include the following topics and skills:

(A) Common causative agents;

(B) Assessment findings;

(C) Management to include but not be limited to:

(D) Need for appropriate personal protective equipment and scene safety awareness;

(E) Profile of Naloxone to include, but not be limited to:

1. Indications;

2. Contraindications;

3. Side/adverse effects;

4. Routes of administration;

5. Dosages.

(F) Mechanisms of drug action;

(G) Calculating drug dosages;

(H) Medical asepsis;

(I) Disposal of contaminated items and sharps.

(2) At the completion of this training, the student shall complete a competency based written and skills examination for administration of naloxone which shall include:

(A) Assessment of when to administer naloxone.;

(B) Managing a patient before and after administering naloxone.;

(C) Using universal precautions and body substance isolation procedures during medication administration.;

(D) Demonstrating aseptic technique during medication administration.;

(E) Demonstrate preparation and administration of parenteral medications by a route other than intravenous.;

(F) Proper disposal of contaminated items and sharps.

(g) Use of oropharyngeal (oral) airways (OPAs) and nasopharyngeal (nasal) airways (NPAs).

(1) Training in the use of OPAs and NPAs shall ~~consist of not less than one (1) hour to~~ result in the public safety first aid provider being competent in the use of the

~~devices and airway control and shall include. Included in the above training hours shall be the following topics and skills:~~

~~(A) Anatomy and physiology of the respiratory system;~~

~~(B) Assessment of the respiratory system;~~

~~(C) Review of basic airway management techniques, which includes manual and mechanical;~~

~~(D) The role of OPA and NPA airway adjuncts in the sequence of airway control;~~

~~(E) Indications and contraindications of OPAs and NPAs;~~

~~(F) The role of pre-oxygenation in preparation for OPAs and NPAs;~~

~~(G) OPA and NPA insertion and assessment of placement;~~

~~(H) Methods for prevention of basic skills deterioration;~~

~~(I) Alternatives to the OPAs and NPAs.~~

~~(2) At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of OPAs and NPAs.~~

~~(h) AED when authorized by a public safety AED service provider.~~

~~(1) Training for the AED shall result in the public safety first aid provider being competent in the use of the AED and consist of not less than four (4) hours two (2) hours and shall include the following topics and skills:~~

~~(A) Proper use, maintenance and periodic inspection of the AED.~~

~~(B) The importance of cardiopulmonary resuscitation (CPR), defibrillation, advanced life support (ALS), adequate airway care, and internal emergency response system, if applicable.~~

~~(C) Overview of the EMS system, the local EMS system's medical control policies, 9-1-1 access, and interaction with EMS personnel.~~

~~(D) Assessment of an unconscious patient, to include evaluation of airway, breathing, and circulation to determine cardiac arrest.~~

~~(E) Information relating to AED safety precautions to enable the individual to administer a shock without jeopardizing the safety of the patient or rescuers or other nearby persons.~~

~~(F) Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.~~

~~(G) Rapid, accurate assessment of the patient's post-shock status.~~

~~(H) The appropriate continuation of care following a successful defibrillation.~~

~~(b 2) In order to be authorized to utilize the defibrillator, an individual shall pass a written and skills examination with a pre-established standard, which tests the ability to assess and manage the specified conditions listed in subsection (a) of this section.~~

~~(c 3) A local EMS agency that approves public safety AED service providers shall:~~

~~(1 A) Approve and monitor training programs including refresher training within its jurisdiction to assure compliance with this Chapter.~~

~~(2 B) Approve the written and skills exam required for AED training course completion.~~

~~(3 C) Develop policies and procedures for approval of AED instructors by the local EMS agency medical director.~~

~~(4) To be authorized to instruct public safety personnel in the use of an AED, an AED instructor shall either:~~

~~(A) Complete an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED, or (B) Be approved by the local EMS agency director and meet the following requirements:~~

~~1. Be AED accredited or able to show competency in the proper utilization of an AED, and~~

~~2. Be able to demonstrate competency in adult teaching methodologies.~~

~~(4 5) Establish policies and procedures for medical control pursuant to Section 1798 of the Health and Safety Code.~~

~~(5 6) Establish policies and procedures for the approval and designation of public safety AED service provider(s) which will include requirements that public safety AED service providers have policies and procedures, approved by the local EMS agency medical director, to~~

~~(A) provide orientation of AED accredited personnel to the AED,~~

~~(B) ensure continued competency of AED accredited personnel, and~~

~~(C) collect and report data to the local EMS agency, pursuant to Section ~~100021~~ 100019.~~

~~(6 7) Establish policies and procedures to collect, maintain and evaluate patient care records.~~

~~(7 8) Report annually to the EMS Authority on:~~

~~(A) The total number of patients, defibrillated; who were discharged from the hospital alive, and~~

~~(B) The data collected by public safety AED service providers pursuant to Section ~~100021~~ 100019 of this chapter.~~

Note: Authority cited: Section 1797.107 and 1797.197, Health and Safety Code.

Reference: Sections 1797.52, 1797.58, 1797.74, 1797.90, 1797.175, 1797.176, 1797.182, 1797.183, 1798, 1798.2, 1798.4, 1798.100, 1798.102 and 1797.104, Health and Safety Code; and Section 13518, Penal Code.