

Monterey County Sheriffs Office

POST-certified First Aid/CPR/AED Refresher Course # 21797

CPR/AED American Heart Association

CPR/AED is taught as a standalone 4 hour block of training, off cite at the Natividad Medical Center Training Facility.

- I. CPR and AED for adults, children, and infants, following current AHA Guidelines and Training Material.
 - A. Basic airway management
 - B. Rescue breathing
 - 1. Mouth-to-Mouth
 - 2. Mouth-to-Mask
 - 3. Bag-valve-mask (BVM)
 - C. Chest compressions and CPR/AED
 - 1. Basic AED operation
 - 2. Using the AED
 - 3. Troubleshooting and other considerations
 - D. Single rescuer CPR/AED on adult, child and infant
 - E. Two rescuer CPR/AED on adult, child and infant
 - F. Recovery position

First Aid

First Aid is taught as a standalone 4-hour block of training.

- II. Legal issues
 - A. Authorized skills and liability limitations
- III. Safety protocols
- IV. Role of the public safety first aid provider
 - A. Scene safety
 - 1. Personal safety. "Don't be the next victim"
 - 2. Traffic control
 - 3. Downed utilities (PG&E)
 - 4. In/near water (Coast Guard, Harbor Patrol etc.)
 - 5. Dangerous bystanders (Gang fight, shooting, angry family, friends interfering)
 - B. Body substance isolation, including removing gloves
 - C. Integration with EMS personnel
 - 1. Mass casualty incidents
 - D. Mass Casualty Responsibilities
 - 1. Identify number of victims
 - 2. Mechanism of injury

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3. Resources / what is needed (number of ambulances, 4-wheel drive, Life Flight, extraction equipment, etc.)
 4. Advise dispatch / responding units of ingress and egress route
 5. Triage
 6. Evacuation
 - E. Minimum personal equipment and first aid kits
- V. Recognizing Life Threatening Emergencies
- A. Understanding Goals of CPR
 - B. Chain of Survival
 1. Early Access
 2. Early CPR
 3. Early Defibrillation
 4. Early Advanced Care
 5. Pediatric Chain of Survival
 - C. Sudden cardiac arrest
 - D. Heart Attack
 - E. Stroke
 - F. Choking
- VI. Management of foreign body airway obstruction on adults, children, and infants
- A. Conscious patients
 - B. Unconscious patients
- VII. Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies
- C. Performing a primary assessment
 - D. Performing a secondary assessment
 - E. Obtaining a patient history
- VIII. Medical emergencies
- F. Pain, severe pressure or discomfort in chest
 - G. Breathing difficulties, including asthma and COPD
 - H. Allergic reaction and anaphylaxis
 1. Assisted administration of epinephrine auto-injector
 - I. Altered mental status
 - J. Stroke
 - K. Diabetic emergencies
 1. Administration of oral glucose
 - G. Seizures
 - H. Alcohol and drug emergencies
 1. Assisted naloxone (NARCAN) administration and accessing EMS
 - I. Severe abdominal pain
 - J. Obstetrical emergencies
- IX. Burns
- L. Identification and treatment

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- X. Facial injuries
 - M. Identification and treatment

- XI. Environmental emergencies
 - A. Heat emergencies
 - B. Cold emergencies

- XII. Bites and Stings
 - A. Insect Bites and stings
 - B. Animal and human bites
 - C. Assisted administration of epinephrine auto-injector and accessing EMS

- XIII. Poisoning
 - A. Ingested poisoning
 - B. Inhaled poisoning
 - C. Exposure to chemical, biological, radiological or nuclear (CBRN) substances
 - 1. Recognition of exposure
 - 2. Scene safety
 - D. Poison control system

- XIV. Orientation to EMS system, including
 - A. 9-1-1 Access
 - B. Interaction with EMS personnel
 - C. Identification of local EMS and trauma systems

- XV. Tactical and rescue first aid principles applied to violent circumstances
 - A. Principles of tactical casualty care
 - B. Determining treatment priorities

- XVI. Patient movement
 - A. Emergency movement of patients
 - B. Lifts and carries which may include: using soft litters and manual extraction including fore/aft, side-by-side, shoulder/belt

- XVII. Cal OSHA Regulation 5193
 - A. Workplace Bloodborne Pathogens-Introduction
 - B. Scope of training
 - C. Overview of training
 - 1. The contents of the OSHA Standard.
 - 2. Bloodborne diseases
 - 3. Preventing exposure
 - 4. PPE
 - 5. Procedures to follow if exposed, and
 - 6. Signs & labels associated with BBP
 - D. Definitions
 - 1. Bloodborne Pathogens (BBP) - Bloodborne pathogens are disease causing organisms that are present in blood.

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2. Other Potentially Infectious Materials (OPIM) - For the purposes of this training program includes any body fluid or unfixed tissue.
- E. The relative risk of exposure to BBP is relatively small; however, the effects of an exposure can lead to deadly consequences.
- F. Regulation is 29 CFR 1910.1030.
- G. This regulation was updated in 2001 to incorporate new regulations from the Needle Stick Safety and Prevention Act of 1999.
- H. The OSHA regulation defines BBP as disease causing microorganisms found in human blood, as well as human blood components and products.
- I. Your employer should have developed an Exposure Control Plan.
 1. A determination of each employee's potential exposure to BBP, based upon their job duties.
 2. Methods to limit or eliminate exposure and updates that reflect changes in technology that may further reduce or eliminate exposure.
 3. Procedures for investigation of exposure incidents.
 4. Documentation of the required annual update process
 - a. non-managerial employee participation in the development
 - b. updating of the Exposure Control Plan.
- J. Please see your training instructor if you would like to review a copy of the OSHA regulations/Exposure Control Plan.
- XVIII. Bloodborne Diseases - 3 have been identified as causing the greatest threat.
 - A. HIV-AIDS-HIV is the virus that leads to AIDS.
 1. Estimated over 1 million individuals living with HIV/AIDS in the US with 1/4th of those being undiagnosed
 2. There is no cure or vaccine.
 3. Symptoms at the onset of the disease vary, but include:
 - a. rapid weight loss
 - b. dry cough
 - c. recurring fever or profuse night sweats
 - d. profound and unexplained fatigue
 - e. swollen lymph glands in the armpits, groin, or neck
 - f. diarrhea that lasts for more than one week
 - g. white spots or unusual blemishes on the tongue or in the mouth
 - h. Pneumonia
 - i. Memory loss, depression, and other neurological disorders
 - B. HBV -virus that can lead to fatal liver failure in about 25% of those infected.
 1. Common symptoms include:
 - a. Fatigue
 - b. Abdominal pain
 - c. Loss of appetite
 - d. Nausea or vomiting
 - e. Joint pain
 - f. Jaundice (yellowing of skin)
 2. There is no cure for Hepatitis B; however, a vaccine is available.

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- a. This 3 dose injection has proven to be very safe and about 95% effective at preventing the disease.
 - b. At no cost, your employer should make this vaccination available to all employees who are at risk of infection.
 - c. This vaccination should be given before any exposure,
 - d. An "after the fact" vaccination is available, but may not always prevent the disease.
 - C. HCV
 - 1. Hepatitis C is the leading cause for liver transplants and can lead to death in approximately 5% of cases.
 - 2. Over 3.5 million people in the US are infected.
 - 3. About 80% of those infected with HCV show not symptoms, but possible symptoms include those similar to HBV.
 - 4. No vaccine currently exists for HCV. There is a cure for HCV which is 90% effective.
 - D. These diseases usually do not show symptom immediately.
 - a. They may even lay dormant for several years.
 - b. These symptoms can be caused by other diseases as well.
 - c. The only way to determine if you are infected is to see your healthcare professional for testing.
- XIX. Preventing Exposure
 - A. How exposure occurs
 - 1. Needle sticks
 - 2. Human bites
 - 3. Skin abrasions or cuts that come in contact with potentially infectious material. Infectious materials can include:
 - a. Blood or blood products
 - b. Human tissue
 - c. Vaginal secretions
 - d. Any other bodily fluid with blood in it.
 - B. Standard & Universal Precautions
 - C. PPE
 - 1. Gloves
 - 2. Mouth & Eye protection
 - 3. Gowns
 - 4. Aprons
 - 5. Lab coats
 - 6. Caps
 - 7. Shoe covers
 - 8. Resuscitation barriers (CPR Masks)
 - a. Who provides & maintains it
 - b. Disposable PPE should be properly discarded after use. Other forms of contaminated PPE may be reused after proper decontamination.
 - c. Your employer should provide free of charge any necessary PPE.
 - d. Please consult your supervisor for the location of PPE at your facility.

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- e. It is also important to remember that PPE has limitations. It must be properly worn, maintained, and should be discarded if damaged.
- D. Engineering & Work Practice Controls
- 1. Hand washing: Providing Hand washing areas with proper antiseptic hand cleaner and paper towels.
 - 2. Biohazard Signs, Labels and containers should be used to properly identify contaminated waste.
 - 3. Contaminated laundry must be handled as little as possible, should be transported in appropriately labeled containers and must be properly laundered.
 - 4. Sharps: Use of safer needles and sharps disposal containers as required by the Needlestick Safety and Prevention Act.
 - 5. Limiting activity in areas with possible BBP Exposure. No eating, drinking, smoking, applying cosmetics, or handling contact lenses in potential exposure areas.
- XX. Procedure if exposed
- A. An exposure incident is when blood or other potentially infectious materials make contact with:
- 1. Eye
 - 2. Mouth
 - 3. Other-mucus membrane
 - 4. Non-intact skin or open skin
 - 5. Or by piercing the skin
- B. Action steps
- 1. Stop and limit exposure to yourself and others.
 - 2. Thoroughly and immediately wash any exposed area of skin with antiseptic soap and water. Flush eyes, nose or mouth with water.
 - 3. Report incident to your supervisor or management personnel.
 - 4. Properly cleanup the area Steps for cleanup include:
 - a. Contain spill using absorbent barriers.
 - b. Remove used absorbent materials
 - c. Disinfect the area with germicide or 10% bleach solution.
 - d. Dispose of contaminated materials into properly marked containers.
 - e. Discard or decontaminate PPE.
 - 5. Complete an incident report that describes the incident including the routes of exposure, and identity of the source individual (if known).
- C. Your blood should be tested for diseases and the test results should be discussed with you.
- D. Appropriate treatment options will also be recommended by a health care professional and your employer will be notified of certain information.
- E. The source individual's blood may also be collected and tested if consent is received.
- F. All associated expenses are to be paid by the employer
- G. Employee has the right to complete confidentiality of all results and treatments.
- H. You will have the opportunity to receive the HBV vaccination if you had

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previously declined it.

- XXI. BBP Conclusion
 - A. BBP are serious hazards to your health
 - B. Your risk of exposure can be greatly reduced by using the information presented in this program.
- XXII. Trauma emergencies
 - A. Soft tissue injuries and wounds
 - B. Amputations and impaled objects
 - C. Chest and abdominal injuries
 - 1. Review of basic treatment for chest wall injuries
 - 2. 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
 - 1. Basic treatment of shock
 - 2. Importance of maintaining normal body temperature
 - H. Internal bleeding
 - I. Control of external bleeding, including direct pressure, tourniquet, hemostatic dressings, chest seals and dressings
 - 1. 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:
 - a. 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
 - b. EMSA-approved hemostatic dressings
- XVIII. Written, oral and/or demonstration assessment (in each topic area)