

**San Diego County Sheriff's Department**  
**Required Minimum Content for POST-certified First Aid/CPR Update #21798**

- I. Role of the public safety first aid provider to include:
  - A. Integration with EMS personnel to include active shooter incidents
    - 1. Scene safety
    - 2. Address law enforcement threat, then render aid
    - 3. Activate EMS as needed/render appropriate care
    - 4. Identification of local EMS and trauma systems
  - B. Minimum equipment and first aid kits
    - 1. 1 pair per student of non-latex gloves
    - 2. Gauze pads and rolls
    - 3. Splint, binding or wrap
  
- II. Heart Attack and sudden cardiac arrest to include:
  - A. Sudden cardiac arrest and early defibrillation
    - 1. Sudden cardiac arrest (SCA)
      - a. Problem with electrical system of the heart
      - b. Causes the heart to stop beating normally and circulating blood
      - c. Occurs suddenly, with little or no warning
      - d. Requires a shock from a defibrillator to survive
    - 2. Heart attack
      - a. Problem with blood flow to the heart
      - b. Caused by a blockage in a coronary artery
      - c. Results in death of heart muscle
      - d. Severity determined by the location and extend of the blockage
      - e. Victim may not be aware if small area damaged
  - B. Chain of survival
    - 1. Call 911
      - a. Recognize cardiac arrest, and quickly call 911. Early recognition and action saves lives.
    - 2. Early CPR
      - a. Perform high quality compressions to improve the chance of survival.
    - 3. Early AED Use
      - a. Use an AED as soon as it is available. The chance of survival decreases 7-10% every minute that passes without a shock from an AED.
    - 4. Early Advanced Care
      - a. Trained EMS professionals take over care and transport the person to the hospital.
    - 5. POST-Arrest Care
      - a. The hospital coordinates advanced care to improve the chance of survival with the least amount of disability.
  
- III. CPR and AED for adults, children, and infants, following current AHA

## Guidelines

- A. Rescue breathing
  - 1. Mouth-to-Mouth
    - a. Adult
      - i. Open the airway and pinch the nose
      - ii. Inhale a regular-size breath
      - iii. Seal your mouth over the victim's mouth
      - iv. Blow into the mouth for 1 second each breath
      - v. Give just enough air for chest rise
      - vi. Lift your mouth to inhale between breaths
    - b. Children
      - i. Open the airway and pinch the nose
      - ii. Inhale a regular-size breath
      - iii. Seal your mouth over the victim's mouth
      - iv. Blow into the mouth for 1 second each breath
      - v. Give just enough air for chest rise
      - vi. Lift your mouth to inhale between breaths
    - c. Infants
      - i. Open the airway to a neutral position
      - ii. Seal your mouth over the infant's mouth and nose. If you cannot make a seal over the mouth and nose, provide mouth-to-mouth
      - iii. Gently blow into the mouth and nose for 1 second each breath
      - iv. Give just enough air for chest rise
  - 2. Mouth-to-Mask
    - a. Adult
      - i. 1 breath every 5 seconds
    - b. Children
      - i. 1 breath every 3 seconds
    - c. Infants
      - i. 1 "puff" every 3 seconds
  - 3. Bag-valve-mask (BVM)
    - a. Adult
      - i. Choose the adult sized bag
      - ii. Position yourself at the top of the person's head
      - iii. Tilt head back and lift chin
      - iv. Pinch nose or apply face mask
      - v. Give 2 breaths for 1 second each
      - vi. Give just enough air for chest rise
      - vii. Repeat 3 sets of 2 breaths
    - b. Children
      - i. Choose the child size bag

- ii. Position yourself at the top of the person's head
      - iii. Tilt head back and lift chin
      - iv. Pinch nose or apply face mask
      - v. Give 2 breaths for 1 second each
      - vi. Give just enough air for chest rise
      - vii. Repeat 3 sets of 2 breaths
    - c. Infants
      - i. Choose the infant size bag
      - ii. Position yourself at the top of the person's head
      - iii. Tilt head back and lift chin
      - iv. Pinch nose or apply face mask
      - v. Give 2 breaths for 1 second each
      - vi. Give just enough air for chest rise
      - vii. Repeat 3 sets of 2 breaths
- B. Chest compressions and CPR/AED
  - 1. Chest compressions
    - a. Adult
      - i. Push Hard: At least 2 inches
      - ii. Push Fast: Between 100-120 compressions per minute
      - iii. Minimize Interruptions
      - iv. Don't lean on the chest
    - b. Child
      - i. 1 year to signs of puberty
      - ii. Use 1 or 2 hand compressions
      - iii. Depth: about 2 inches
      - iv. 30 compressions and 2 breaths
    - c. Infant
      - i. Check response: Tap bottom of foot
      - ii. Younger than 1 year old
      - iii. Use 2 fingers
      - iv. Depth: About 1 ½"
      - v. 30 compressions and two breaths
  - 2. Basic AED operation
    - a. The AED analyzes a person's heart rhythm, then deliver an electrical shock to restore a heartbeat. It gives directions through voice prompts and visual indicators. An AED will not deliver a shock if the victim does not need one. Anyone can operate an AED.
  - 3. Using the AED
    - a. Turn on the AED
    - b. Apply AED pads
    - c. Clear the victim & shock
    - d. Start CPR when prompted by the AED

- e. An AED is most effective when used within 3 minutes after cardiac arrest.
  - 4. Troubleshooting and other considerations
    - a. Store an AED ready to use, close to trained rescuers. Extra pads and an accessory kit should be stored with the AED
    - b. Perform regular inspections according to manufacturer's guidelines and local protocols. Make sure that pads and batteries have not expired, and there is no visible damage to the unit.
    - c. If the AED detects a problem, it will prompt you to troubleshoot:
      - i. Check pads
      - ii. Low battery
      - iii. Movement
  - C. Recovery position
    - 1. The recovery position refers to one of a series of variations on a lateral recumbent or three-quarters prone position of the body, in to which an unconscious but breathing casualty can be placed as part of first aid treatment.
- IV. Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies
- A. Performing a primary assessment
    - 1. Pay attention to unusual signs, sounds, smells and situations, such as
      - a. A person who is unresponsive or appears seriously ill or injured.
      - b. Screams or panicked facial expressions
      - c. A collision or vehicle stopped in an unusual location
      - d. A suspicious environment (e.g. overturned furniture, disturbed plants, opened chemical or medication containers, broken glass, blood)
      - e. Environmental hazards (e.g. fire, flooding, damaged electrical wires)
  - B. Performing a secondary assessment
    - 1. Decide to act
      - a. After you recognize an emergency, decide to act. Don't assume that someone else will help. If you are unsure what to do, call 911.
  - C. Obtaining a patient history
    - 1. SAMPLE
      - a. S = Signs
      - b. A = Allergies
      - c. M = Medications
      - d. P = Pertinent medical history
      - e. L = Last food or drink
      - f. E = Events just prior
- V. Medical emergencies

- A. Breathing difficulties, including asthma and COPD
  - 1. Treat an asthma attack early to reduce the severity of the attack.
  - 2. Some of the signs for an asthma attack are labored, rapid breathing, coughing, wheezing, shortness of breath, chest tightness, anxiety, bluish lips and fingers, flared nostrils.
  - 3. Use the tripod position: Sitting upright, leaning forward, supported on hands
  - 4. Many people with asthma carry inhaled medication that can quickly open narrowed air passages and ease breathing.
- B. Allergic reaction and anaphylaxis
  - 1. An allergy is an overreaction of your body's immune system to something that doesn't usually cause problems for most people. A severe allergic reaction can quickly cause swelling of the airway and a sudden drop in blood pressure, which is life-threatening. Common allergens include bee sting venom, nuts, eggs, shellfish, dairy products, chocolate, latex, and certain drugs.
    - a. Signs
      - i. Hives or rash
      - ii. Sneezing, congestion
      - iii. Tightness in the chest and throat
      - iv. Dizziness, confusion
      - v. Swelling in face, throat, tongue
      - vi. Difficulty breathing
      - vii. Nausea, vomit, diarrhea
      - viii. Signs of shock
    - b. Care
      - i. Call 911
      - ii. Calm and reassure the person
      - iii. Help the person use his epinephrine auto-injector if allowed by state and local regulations
      - iv. If the allergic reaction is from a bee sting, quickly scrape off the stinger.
      - v. Monitor response, breathing, and signs of shock
      - vi. Consider a repeat dose if signs persist and EMS will not arrive for 5-10 minutes.
- C. Altered mental status
  - 1. Mild agitation to delirium
  - 2. Sleepy to coma
  - 3. May be some degree of chronic, ongoing, cognitive impairment, psychiatric illness, or dementia
  - 4. May be a wide range of clinical features
    - a. May present as hyper-vigilant and confused
    - b. May be forgetful or completely unresponsive
- D. Diabetic emergencies

1. Administration of oral glucose
  - a. Give fast-acting sugar if the person is able to sit up and swallow (e.g. glucose tablets, orange juice, regular soda, sugar dissolved in water, soft chewable candy, whole milk)
  - b. Call 911 if no improvement within 15 minutes after taking sugar
- E. Alcohol and drug emergencies
  1. Assisted naloxone administration and accessing EMS
    - a. An opioid overdose results in unresponsiveness and respiratory arrest (breathing stops), which leads to cardiac arrest. Naloxone is a prescription medication that can quickly reverse an opioid overdose. It is easy to administer, and comes as a nasal spray or an auto-injector.
    - b. Naloxone and CPR can be used together for a person with suspected opioid overdose.
    - c. If you suspect an opioid overdose
      - i. If the person is responsive: Call 911 and stay with the person
      - ii. If the person appears unresponsive than tap the person's shoulder and shout. If no response, yell for help. Send a bystander to call 911 and get the AED and naloxone kit. If a cell phone is available, use it to call 911 and place it on speaker. Give the naloxone as soon as it is available.
      - iii. Check breathing. Scan for breathing for 5-10 seconds. If no breathing or only gasping, begin CPR. Use a CPR barrier.
      - iv. After 5 cycles of CPR: if you are alone and no one has called 911, call 911 and get the AED and naloxone kit yourself. Return quickly.
      - v. Give the naloxone. If the person becomes unresponsive, stop CPR and stay with the person until emergency responders arrive. If there is no response and no breathing or only gasping, continue CPR. Use an AED as soon as it is available.

## VI. Facial injuries

### A. Objects in the eye

1. Small, loose foreign objects such as sand or dirt are usually removed by tears or blinking. If debris remains in the eye, gently flush it with lukewarm water while holding it open.

- a. Remove an object under the lower lid by pulling down gently on the lid and flushing with water or by using wet, sterile gauze.
  - b. Remove an object under the eyelid by laying a swab across the eyelid and folding the lid up over the swab. Flush with water or use a wet, sterile gauze pad.
- B. Chemical in the eye
  - 1. Flush the eye immediately. Tilt the head so the affected eye is lower than the unaffected eye and flush gently with running water for at least 20 minutes. Call 911 for a caustic chemical and continue flushing the eye until EMS takes over.
- C. Nosebleed
  - 1. Sit the person in a chair and lean slightly forward
    - a. Leaning back causes blood to drain into the back of the throat and may lead to choking
    - b. If blood is swallowed, it may lead to vomiting.
  - 2. Pinch nostrils for about 10 minutes
  - 3. Apply an ice pack wrapped in a moist cloth to the bridge of the nose if bleeding does not stop.
  - 4. Get medical care if you suspect a broken nose
- D. Dental emergencies
  - 1. Knocked-out adult tooth
    - a. If a permanent tooth is knocked out, the sooner it is reinserted, the more likely it can be saved. Do not allow a knocked-out tooth to dry out.
      - i. For care bite down on rolled sterile gauze to control bleeding
      - ii. Handle the tooth by the biting edge, not by the root
      - iii. Place the tooth in a container of Hank's Balanced Salt Solution, egg white, coconut water or whole milk to preserve the tooth. If not available, place in the person's saliva, but not in the mouth
      - iv. See a dentist as soon as possible to try to reinsert the tooth. Go to an emergency department if after hours. Try to have the tooth re-implanted within 30 minutes for the best outcome.
  - 2. Bleeding from the Mouth
    - a. Most bleeding from the tongue, lip or cheek is caused by a person's own teeth. Control bleeding by using sterile gauze or a clean cloth to apply direct pressure to the cut areas. Position the victim either sitting with the head tilted slightly forward or in the recovery position to allow blood to drain from the mouth. Watch for signs of difficulty breathing.

3. Jaw Injury
  - a. Immobilize a possible jaw fracture by splinting it with a gauze roll. If a gauze roll is unavailable, use a towel, shirt or necktie to secure the jaw. Do not interfere with the airway and do not overtighten the bandage. Stay alert for airway complications. Get professional medical care.

VII. Environmental emergencies

A. Drowning

1. Move victim safely onto land
2. Assess victim
3. Treat with rescue breathing/CPR as needed

VIII. Bites and stings

A. Insect bites and stings

1. Insect stings commonly cause pain, swelling, itching and redness. If a bee stinger is visible, quickly scrape it off the skin with a straight-edged object. Apply an ice pack wrapped in a moist cloth to reduce pain and swelling.
2. Monitor the person for at least 30 minutes for signs of severe allergic reaction. If the person develops difficulty breathing, severe swelling, nausea or dizziness, call 911 and help with his epinephrine auto-injected if needed.

B. Animal and human bites

1. The primary concern with animal bites is bleeding and infection. Rabies can be transmitted through a bite from a bat, skunk, raccoon, fox, dog, cat, or other mammal that is behaving strangely or bites unprovoked.
2. Consider tetanus with any open wound.
3. Care if skin is broken
  - a. Wash a minor wound thoroughly with soap and running water.
  - b. Control bleeding with direct pressure
  - c. Apply an antibiotic ointment if no allergy and allowed by state and local regulations
  - d. Cover with a sterile dressing
  - e. Report bites to police or animal control
4. A physician should evaluate human bites.
  - i. Human bites may occur when a small child bites, when a confused person is agitated, or during a fight. They are at high risk of infection.
5. Snakebites
  - a. Do not pick up a snake or play with it
  - b. Do not apply ice, a tourniquet or suction
    - i. Wash the wound with soap and water
    - ii. Remove jewelry, and wrap an elastic bandage around the entire bitten arm or leg, starting furthest from the heart. Use

overlapping turns to wrap snugly, but still allow a finger to slip through the bandage.

- c. Do not approach a dead or dying snake
- C. Assisted administration of epinephrine auto-injector and accessing EMS
  - 1. Using an Epinephrine auto-injector
    - a. Remove the cap. Be careful not to touch either end of the auto-injector.
    - b. Jab the tip firmly against the outer thigh, halfway between the hip and knee.
    - c. Hold for 3-10 seconds, then pull straight out.
    - d. Rub the injection site for about 10 seconds.
    - e. Record the time of the injection
    - f. Dispose of the auto-injector safely or give to EMS responders.

## IX. Poisoning

- A. Exposure to chemical, biological, radiological or nuclear (CBRN) substances
  - 1. Recognition of exposure
    - a. Poisonings usually occur at home
    - b. Children between 8 months and 6 years are the most likely to be poisoned.
    - c. Poisoning can occur through:
      - i. Eating or drinking commonly swallowed poisons include medications and over the counter products, household cleaning products, cosmetics, personal care products, chemicals, plants, and illegal drugs.
      - ii. Inhaling gases or fumes: Commonly inhaled poisons include carbon monoxide, fumes from glue or paint, and pesticides.
      - iii. Absorption through the skin: Chemicals such as pesticides and fertilizers can be poisonous when absorbed through the skin.
      - iv. Injection: A poisonous bite, sting, or hypodermic needle can result in poisoning.
  - 2. Scene safety
    - a. Lock up poisonous chemicals or household products.
    - b. Follow directions on medication labels.
    - c. Use childproof caps on medication bottles
    - d. Do not mix chemicals or household products
    - e. Place carbon monoxide and smoke detectors near your bedroom.
- B. Poison control system
  - 1. Call a poison control center before the person looks or feels sick.

2. Call from anywhere in the US
3. More than 20% of the calls to poison control centers come from healthcare facilities. Even hospitals rely on the experts at poison control centers.
4. Enter the phone number into your cell phone now: 1-800-222-1222

X. Identify signs and symptoms of psychological emergencies

A. Schizophrenia

1. Psychological
  - a. Hallucination, paranoia, hearing voices, depression, fear, persecutory delusion, or religious delusion
2. Speech
  - a. Circumstantial speech, incoherent speech, rapid and frenzied speaking, or speech disorder
3. Mood
  - a. Anger, anxiety, apathy, feeling detached from self, general discontent, loss of interest or pleasure in activities, elevated mood, or inappropriate emotional response.

B. POST-Traumatic Stress Disorder (PTSD)

1. Psychological
  - a. Flashback, fear, severe anxiety, or mistrust
2. Mood
  - a. Loss of interest or pleasure in activities, guilt or loneliness
3. Sleep
  - a. Insomnia or nightmares

C. Depression

1. Mood
  - a. Anxiety, apathy, general discontent, guilt, hopelessness, loss of interest, loss of interest or pleasure in activities, mood swings, or sadness
2. Sleep
  - a. Early awakening, excess sleepiness, insomnia, or restless sleep
3. Whole body
  - a. Excessive hunger, fatigue, loss of appetite, or restlessness
4. Behavioral
  - a. Agitation, excessive crying, irritability or social isolation
5. Cognitive
  - a. Lack of concentration, slowness in activity, or thoughts of suicide

D. Borderline Personality Disorder

1. Behavioral

- a. Antisocial behavior, compulsive behavior, hostility, impulsivity, irritability, self-destructive behavior, self-harm, social isolation, or lack of restraint
  - 2. Mood
    - a. Anger, anxiety, general discontent, guilt, loneliness, mood swings, or sadness
  - 3. Psychological
    - a. Depression, distorted self-image, grandiosity, or narcissism.
- E. Bipolar Disorder
  - 1. Mood
    - a. Mood swings, sadness, elevated mood, anger, anxiety, apathy, apprehension, euphoria, general discontent, guilt, hopelessness, loss of interest, or loss of interest or pleasure in activities.
  - 2. Behavioral
    - a. Irritability, disorganized behavior, aggression, agitation, crying, excess desire for sex, hyperactivity, impulsivity, restlessness, or self-harm
  - 3. Cognitive
    - a. Unwanted thoughts, delusion, lack of concentration, racing thoughts, or slowness in activity
  - 4. Psychological
    - a. Depression, manic episode, agitated depression, or paranoia
  - 5. Sleep
    - a. Difficulty falling asleep or excess sleepiness

XI. Patient movement

- A. Emergency movement of patients
  - 1. Move only when necessary
    - a. Imminent danger
    - b. Treatment assessment
  - 2. Spinal immobilization techniques
    - a. C-collar is now contraindicated in 2015 guidelines
  - 3. General guidelines
    - a. Plan ahead
    - b. Reassure victim
    - c. Victim stability
- B. Lifts and carries which may include: using soft litters and manual extraction including fore/aft, side-by-side, shoulder/belt
  - 1. Shoulder drag
    - a. Rescuer Position
    - b. Demonstration
    - c. Practical application
  - 2. Soft litters
    - a. Types
    - b. Improvised

- c. Demonstration
    - d. Practical application
  - 3. Manual extractions
    - a. Extent of Injury
    - b. Location
  - 4. Fore/aft carry
    - a. Rescuer Position
    - b. Demonstration
    - c. Practical Application
  - 5. Side-by-side carries
    - a. Rescuer Position
    - b. Demonstration
    - c. Practical application
  - 6. Shoulder belt
    - a. Rescuer Position
    - b. Demonstration
    - c. Practical application
  
- XII. Tactical and rescue first aid principles applied to violent circumstances
  - A. Principles of tactical casualty care
    - 1. Active Shooter-Response
    - 2. Mass Casualty-Response
  - B. Determining treatment priorities
    - 1. Active Shooter Triage
    - 2. Mass Casualty Triage
  
- XIII. Orientation to the Emergency Medical System
  - A. 9-1-1 access
    - 1. Via cell phone
    - 2. Via radio
  - B. Interaction with Emergency Medical personnel
    - 1. Establish Incident Command
    - 2. Establish clear lines of communication
      - a. Law Enforcement with Fire personnel
  - C. Identification of local Emergency Medical System and trauma systems
    - 1. Critical Incident Response
      - a. Incident Command Post
      - b. Evacuation points
      - c. Triage
  
- XIV. Trauma emergencies
  - A. Soft tissue injuries and wounds
    - 1. An open wound can be minor, requiring basic wound care, or serious, resulting in severe bleeding that can be life threatening. Control of severe bleeding by a rescuer is a critical first aid treatment that can truly save a life. A person bleeding heavily can die of blood loss within just a few minutes.
    - 2. Types of wounds

- a. Laceration
    - b. Puncture
    - c. Abrasion
    - d. Avulsion
  3. Most minor wounds will stop bleeding after a few minutes of direct pressure. Focus on cleaning and bandaging the wound to reduce pain and prevent infection.
- B. Amputations and impaled objects
  1. Amputation
    - a. Apply direct pressure to the site of bleeding. If direct pressure does not control heavy bleeding, consider applying a tourniquet.
    - b. Wrap amputated part in dry sterile gauze and seal in plastic bag.
    - c. Put plastic bag into second bag filled with ice. Do not let amputated part freeze or come in contact with ice or water.
  2. Impaled Object
    - a. Do not remove the object, unless it is obstructing the airway
    - b. Stabilize in place with a bulky dressing and tape.
- C. Chest and abdominal injuries
  1. Review of basic treatment for chest wall injuries
    - a. Call 911
    - b. Control bleeding with firm, direct pressure. Remove and replace each dressing as it becomes blood-soaked.
    - c. Keep the person calm and still
    - d. After bleeding is controlled, leave the wound exposed without a dressing. A blood soaked dressing could cause fatal complications
    - e. Monitor response, breathing, and appearance.
  2. Application of chest seals
    - a. The HALO chest seal is a high-performance occlusive dressing designed to treat penetrating chest wounds, as well as secure other wound dressings.
    - b. For an open chest wound put something plastic (preferably sterile or at least clean) over the hole and tape it down. You can use a first aid device called a chest seal for this. Another technique is to use the packaging that sterile dressings come in. Peel open the packaging and tape the entire plastic portion over the sucking chest wound.
- D. Head, neck or back injury
  1. A head, neck or spine injury can be very serious, and possibly even life-threatening. Suspect a head, neck or spine injury with:
    - a. Car, motorcycle or bicycle accident

- b. Fall from a height greater than standing
  - c. Violence
  - d. Electrical shock or lightning stroke
  - e. Diving accident
  - f. Contact sports
  - g. Safety helmet broken
  - h. Unresponsive for unknown reason
2. Signs
- a. Head trauma (bleeding, bruising, swelling, soft spots or indentations)
  - b. Headache
  - c. Nausea, vomiting
  - d. Confusion, memory loss
  - e. Slurred speech
  - f. Impaired movement or sensation
  - g. Blurred vision, unequal pupils
  - h. Ringing in the ears
  - i. Bleeding or fluid from nose, ears, eyes
  - j. Seizures, unresponsiveness
3. Care
- a. Call 911
  - b. Stabilize the head and neck together in the position found
  - c. Treat the conditions found (e.g. control bleeding, maintain temperature)
  - d. Calm and reassure
  - e. Monitor for changes in response, breathing, and appearance. Treat as indicated.
4. If a scalp wound appears minor with no signs of head or neck injury, provide an ice pack and wound care as needed. Monitor for signs of head injury, because even a minor head injury can result in a slow bleed in the brain.
- E. Spinal immobilization
- 1. When the spine is injured, the spinal cord may be damaged, possibly resulting in loss of movement, sensation, and even breathing.
  - 2. Do not move a person with suspected head, neck or spine injury unless there is immediate danger, to perform CPR, or for airway management. Movement may worsen the injury and even cause paralysis.
  - 3. Treatment of a person with suspected head, neck or spine injury is focused on preventing further injury, activating EMS, and keeping the person still and supported in the position found.
- F. Musculoskeletal trauma and splinting
- 1. A fracture is a break in a bone produced by excessive strain or force. It can be caused by a blow, a fall, a twisting motion, or sometimes from no apparent cause. Sometimes the skin is broken over the fracture site. A dislocation is a

separation of bones joined at a joint, usually caused by a fall or hard blow.

2. You don't need to call 911 for every muscle, bone or joint injury.
3. Call 911 if:
  - a. Moderate to severe pain, tenderness, bruising or swelling.
  - b. Any other signs of fracture discussed above
  - c. Suspected fracture of head, neck or back
  - d. Signs of shock
  - e. Possibility of multiple injuries
  - f. You are unable to safely or comfortably transport the person for medical care.
4. A splint is used to immobilize fractures, dislocations and severe sprains. Splinting reduces the movement of injured muscles and bones, and allows the person to be transported with less pain and risk of further injury. A splint should immobilize the areas above and below the injury site.
5. Only splint an injury if:
  - a. Medical responders are delayed
  - b. You transport a person with a minor injury
  - c. You transport a person from a remote location.

#### G. Internal bleeding

1. Heavy bleeding that is concealed within the body can be life-threatening. Internal bleeding can be caused by injury to internal organs or large bones, or by a sudden medical problem such as a bleeding ulcer. Although at first there may be no symptoms, the person may later show signs of shock.
2. Signs
  - a. Bruise, tender, swollen or hardened skin or tissues, especially in abdominal area and suspected fracture sites
  - b. Chest or abdominal pain
  - c. Bleeding from a natural opening
  - d. Vomiting or coughing up blood
  - e. Blood in stool
  - f. Signs of shock
3. Care
  - a. Call 911
  - b. Treat for shock
  - c. Control external bleeding
  - d. Calm and reassure the person
  - e. Monitor status

#### H. Control of 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
  - i. Direct pressure slows bleeding and allows a blood clot to form.
  - ii. If you can't hold pressure on the wound, apply a pressure bandage with rolled gauze. Starting furthest from the heart, wrap once to anchor the bandage, then wrap in a spiral over the wound. Wrap back and forth over the wound, twisting the bandage each time. Pull the gauze tightly with each wrap to add more pressure.
  - iii. When direct pressure cannot control severe bleeding from an arm or leg, you can use a tourniquet to stop the bleeding. A tourniquet is a constricting device used on an arm or leg that applies pressure to the walls of blood vessels to stop bleeding. It has a strap to wrap around the limb and a rod to tighten it.
  - iv. Apply a tourniquet to the limb at least 2" above the injury, but not over a joint
  - v. Tighten the rod just to the point that bleeding stops. Secure the rod
  - vi. Record the time that you put it on
  - vii. Tell EMS responders what time the tourniquet was applied.
  - viii. Apply a hemostatic dressing when you cannot control severe bleeding with direct pressure, and a tourniquet is not available, not effective, or cannot be applied. A hemostatic dressing chemically reacts with the wound to create a clot and quickly stop the bleeding. Remove the gauze dressing from the wound, then pack the hemostatic dressing directly into the bleeding wound. Apply firm pressure and hold in place, or wrap with a pressure dressing.
- b. Types of hemostatic dressings
  - i. Quikclot
  - ii. HemCon
  - iii. Celox
  - iv. Fibrin-Based Sealant

- XV. Legal issues
  - I. Good Samaritan Law
    - 1. How does it apply
      - a. Act voluntarily
      - b. Not being paid to give care
      - c. Act within limits of training
    - 2. Duty to act
      - a. Legal obligation
      - b. Statute or job description
      - c. Acting
    - 3. Gaining consent
      - a. Confused or unresponsive person
      - b. Helping children
      - c. Refusal of care
- XVI. Safety protocols
  - J. Personnel Protective Equipment
    - 1. Standard precautions
      - a. Protect routes of entry (eyes, mouth, nose, skin)
      - b. Use of CPR barrier
      - c. Wash hands
  - K. Scene Safety
    - 1. Scene size-up
      - a. Look for common hazards
      - b. How many involved
      - c. Identify cause of illness or injury
- XVII. Written, oral and/or demonstration assessment
  - L. Student testing
    - 1. Written Test
      - a. Students will receive a timed written test
    - 2. Oral discussions
      - a. Facilitated discussions during the class
    - 3. Demonstration
      - a. Adult CPR/AED
      - b. Infant CPR
      - c. Wound packing