

FIRST AID / CPR REFRESHER (CCN:21795) 8 HOURS

(Revised July 11, 2025)

COURSE GOAL:

The course will provide the trainee with the minimum topics of First Aid/CPR/AED training. The trainee will develop the necessary First Aid/CPR/AED skills to render aid safely and effectively to the public and themselves. This course meets Title 22 and EMSA requirements.

By utilizing an interactive and hands-on environment, First AID/CPR/AED instructors will teach the Officers of this department the proper lifesaving techniques. Instructors will incorporate the latest science-based advancements.

FIRST AID/CPR/AED

Minimum Topics/Exercises:

- a. Lexipol Policy 300 Use of Force medical consideration
- b. Legal standards, role of a public safety-first aid provider, and report writing.
- c. Individual First Aid Kit Recommendations
- d. CPR and AED Demonstration and Skills Check
- e. Bleeding Control Techniques Demonstration and Skills Check
- f. Triage exercise

COURSE OBJECTIVES

- I. Role of the public safety-first aid provider
 - A. Personal safety
 1. Scene size-up
 - B. Body substance isolation, including removing gloves.
 - C. Legal considerations
 - D. Emergency Medical Services (EMS) access
 - E. Integration with EMS personnel to include active shooter incidents.
 - F. Minimum equipment and first aid kits
- II. 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
- III. CPR and AED for adults, children, and infants, following current AHA Guidelines
 - A. Basic airway management
 - B. Rescue breathing

San Francisco Bay Area Rapid Transit District Police Department (3700)

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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
- IV. Management of foreign body airway obstruction on adults, children, and infants
- A. Conscious patients
 - B. Unconscious patients
- V. Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies
- A. Performing a primary assessment
 - B. Performing a secondary assessment
 - C. Obtaining a patient history
- VI. Medical emergencies
- A. Pain, severe pressure, or discomfort in chest
 - B. Breathing difficulties, including asthma and COPD
 - C. Allergic reaction and anaphylaxis
 - D. Altered mental status.
 - E. Stroke
 - F. Diabetic emergencies
 1. Administration of oral glucose
 - G. Seizures
 - H. Alcohol and drug emergencies
 1. Assisted naloxone administration and accessing EMS.
 - I. Severe abdominal pain
 - J. Obstetrical emergencies
- VII. Burns
- A. Thermal burns
 - B. Chemical burns
 - C. Electrical burns
- VIII. Facial injuries
- A. Objects in the eye
 - B. Chemical in the eye
 - C. Nosebleed

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- D. Dental emergencies

- IX. Environmental emergencies
 - A. Heat emergencies
 - B. Cold emergencies
 - C. Drowning

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

- XI. 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

- XII. Identify signs and symptoms of psychological emergencies.

- XIII. 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

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

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

- XVI. 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

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- 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 bleeding, including direct pressure, tourniquet, hemostatic dressings, chest seals and dressings
- J. 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:
 - 1. 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.
 - 2. Types of hemostatic dressings

XVII. Legal issues

XVIII. Safety protocols

XIX. Written, oral and/or demonstration assessment (in each topic area)

TESTING and REMEDIATION

A.) Skills testing will occur after each technique is practiced.

B.) In the event of an injury POST shall be notified within 5-days at the following address: <https://post.ca.gov/Injury-Report-Form>

REMINDER

A memo must be completed and submitted to supervisor if an Officer is unable to perform any of the above listed First AID/CPR/AED techniques.

END LESSON

NOTES: